N0600000 4846

(Requestor's Name)

_____

(Address)

_____

(Address)

_____

(City/State/Zip/Phone #)

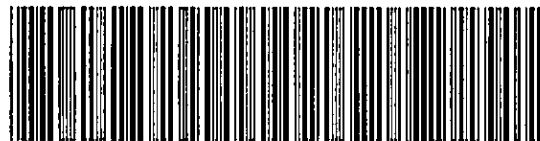☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____

(Business Entity Name)

_____

(Document Number)

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TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: *CHRISTLIKE INREACH OUTREACH MINISTRIES INC.*

DOCUMENT NUMBER: *N06000004846*

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHIRLEY J. GEORGE - JENKINS
Name of Contact Person

CHRISTLIKE INREACH OUTREACH MINISTRIES INC.
Firm/ Company

3711 E. CRAWFORD STREET
Address

TAMPA, FLORIDA 33604
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHIRLEY J. GEORGE JENKINS at (*813*) *458-5824*
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee   ☐ $43.75 Filing Fee &   ☐ $43.75 Filing Fee &   ☒ $52.50 Filing Fee
                Certificate of Status   Certified Copy   Certificate of Status
                                       (Additional copy is   Certified Copy
                                       enclosed)   (Additional Copy
                                                            is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

CHRISTLIKE INREACH OUTREACH MINISTRIES INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000004846

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006. Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp " or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3711 E. CRAWFORD ST.

TAMPA, FLORIDA 33604

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

_____
(Florida street address)

New Registered Office Address:

_____. Florida _____
(City)   *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner: Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones. V as Remove, and Sally Smith. SV as an Add.

Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add _X_ Remove	DPT	CHARLES PATRICK	3011 ORIENT RD. TAMPA, FL 33619
2) ___ Change ___ Add _X_ Remove	S	JAMES H. BREWSTER	3011 ORIENT RD TAMPA, FL 33619
3) ___ Change _X_ Add ___ Remove	SD	SHIANA T. EUBANKS	3011 ORIENT RD. 33619
4) ___ Change _X_ Add ___ Remove	DV	ZIESKA HOWARD	3011 ORIENT RD TAMPA, FL 33619
5) _X_ Change ___ Add ___ Remove	DPT	SHIRLEY J. JENKINS	3011 ORIENT RD TAMPA, FL 33619
6) ___ Change ___ Add ___ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary*).   *(Be specific)*

N/A
_____

_____

_____

_____

_____

_____

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_____

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_____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A
_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: _____ , if other than the
date this document was signed.

Effective date if applicable: _____ *10/12/2019* _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

Adoption of Amendment(s)   **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)
was/were sufficient for approval.

☑ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the board of directors.

Dated _____ *10/12/2019* _____

Signature _____ *Shirley Jenkins* _____

(By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)

_____ *SHIRLEY GEORGE - JENKINS* _____

(Typed or printed name of person signing)

_____ *DIRECTOR* _____

(Title of person signing)