731986

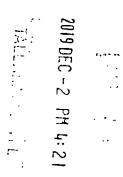
(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ITAN MINISTRIES INC		
731986			
DOCUMENT NUMBER:	···		
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
AMY KERN, CFO			
	(Name of Contact	Person)	-
METROPOLITAN MINISTRIES INC			
	(Firm/ Compa	any)	
2002 NORTH FLORIDA AVENUE			
	(Address)		
TAMPA FL 33602			
	(City/ State and Zi	p Code)	-
amy.kern@metromin.org			
E-mail address: (to b	oe used for future annual r	eport notification	n)
For further information concerning this matter,	please call:		
AMY KERN, CFO		813	209-1021
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida	a Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing I Certificate of S	Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	Certifi y is Certifi	O Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section		Street Address Amendment Secti	on .

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

METROPOLITAN MINISTRIES INC				
(Name of Corporation as curren	ntly filed with the Flor	rida Dept. of State)		
731986				
(Document Numb	ber of Corporation (if k	nown)		
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fe</i>	or Profit Corporation	adopts the	e following
A. If amending name, enter the new name of the corporat	tion:			***
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	uion" or "incorporate	d" or the abbreviatio	on "Corp."	The new or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
			· · ·	2019
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>))EC +2
			: -	<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office.		, enter the name of	the	21
Name of New Registered Agent:		 		
New Registered Office Address:	(F	Florida street address)		
· 		, Flor		
	(City)	(Z	ip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for the second	1 Agent: imiliar with and accep	ot the obligations of th	he position.	•
	Signature of New Regi	stered Agent, if chang	ging	

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:

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

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 X Remove X Add	<u>V</u> <u>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	CHRIS CHRISTENBERRY	2002 NORTH FLORIDA AVENUI
Add			TAMPA FL 33602
X Remove			
2) Change	8	AMY KERN, CFO	2002 NORTH FLORIDA AVENUI
XAdd			TAMPA FL 33602
Remove			
3) Change			<u> </u>
Add			
Remove			.
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		<u> </u>
Add			
Remove			

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

The date of each amendment(s) ad late this document was signed.	option:	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will reartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s). I.	
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	16 Sept 2019	
(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustec, or appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	C70	
	(Title of person signing)	