## 756167

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DIVISION OF CORPURATION

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Shepherd Care Ministries, Inc. dlb/a Adoption by

Shepherd
Care DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person) Shepherd Care Ministries, Inc. 5935 Taft St., Hollywood, FL 33021 (City/ State and Zip Code) E-mail address: (to be used by future annual report notification) For further information concerning this matter, please call: 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 Certificate of Status Certified Copy (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

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Art	ticles of Amendment to cles of Incorporation
Artic	to cles of Incorporation
Shepher C. (Name of Corporation as cur	MRE MINISTRES, INC.  rently filed with the Florida Dept. of State)
75(	C167
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statamendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
NLA	The new
	oration" 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:	NIA
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>ss</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic  Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)  (City), Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent:
т поголу восерь те прротитет на гезычегой изет. Т ит	NIN
	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 X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>S</u> _	Bill Brown	5935 Tuly St. Hollywood, FL 33021
2) Change Add Remove	D	Dean James	5935 Taft St. Hollyward, FL 33021
3) _ Change Add Remove	T	Michael (own	5935 Tuft St. Hollywood, FL 33021
4) Change Add Remove	<u>S</u>	Donna Payner	5935 Taft St. Hollywood, FL 33021
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
N/A						
/~ [/ <del>\</del>						
<del> </del>						
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•						

		// :			
	date of each amendment(s) adopti this document was signed.	1/1	2017		, if other than the
Effe	ective date <u>if applicable</u> :	(ng more than 90 day.	s after amendment file date)		<del></del>
	e: If the date inserted in this block dument's effective date on the Departm		ble statutory filing requirem	ents, this date will not be	e listed as the
Ado	ption of Amendment(s)	(CHECK ONE)			
Q⁄	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the	he number of votes cast for	the amendment(s)	
	There are no members or members of adopted by the board of directors.	entitled to vote on the ar	mendment(s). The amendme	:nt(s) was/were	
	Dated April	25,2017			
	Signature Auropu	D. Sica			
	have not been se		board, president or other of or – if in the hands of a rece iduciary)		
	Jose,	of D. Sica	お nted name of person signing		
	,	(Typed or pri	nted name of person signing	)	
	Execu	tive Dire	ctor		
	,	T)	itle of person signing)		