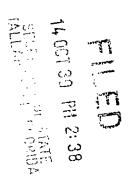
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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| <u>~</u> | | | | | |
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| Office Use Only | | | | | |



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(PM)

COVER LETTER

| Division of Corporations | |
|--|----------------|
| NAME OF CORPORATION: VAMO UMC | |
| DOCUMENT NUMBER: 760 37 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| GEORFILEY A GIBRE (Name of Contact Person) | |
| (Firm/ Company) | |
| 8521 VAMO RO | |
| (Address) | |
| SARASOTA FL 34731 | |
| (City/ State and Zip Code) | <u>^</u> }~ |
| Vamo_umc Namo_ada_ba @ AHOO_Com E-mail address: (to be used for future annual report notification) | 3 |
| For further information concerning this matter, please call: | |
| (Name of Contact Person) at 941 966 — 3306 (Area Code & Daytime Telephone Number) | 2:38 8 |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | |
| \$35 Filing Fee \$\sum_{\text{S43.75}} \text{Filing Fee & } \sum_{\text{S43.75}} \text{Filing Fee & } \sum_{\text{S52.50}} \text{Filing Fee & } \sum_{\text{Certificate of Status}} \text{Certified Copy} \text{(Additional copy is enclosed)} \text{Certified Copy is Enclosed)} | |

Mailing Address

TO: Amendment Section

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

| \1 | · · · · · · · · · · · · · · · · · · · |
|--|--|
| JAMO YNITED M | ETHODIST LHUNCH INC. |
| (Name of Corporation as currently filed with the Flo | |
| 760037 | |
| (Document Number of C | orporation (if known) |
| | |
| Pursuant to the provisions of section 617.1006, Florida Statuti amendment(s) to its Articles of Incorporation: | es, this Florida Not For Profit Corporation adopts the following |
| • | |
| A. If amending name, enter the new name of the corporat | <u>ion:</u> |
| | The new |
| name must be distinguishable and contain the word "corpora | tion" 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 <u>MUST BE A STREET ADDRESS</u> |) |
| | |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | <u> </u> |
| | |
| | (3) |
| D. If amending the registered agent and/or registered offi | ce address in Florida, enter the name of the |
| new registered agent and/or the new registered office a | مسوري الأمار |
| Name of New Registered Agent: \(\) | 5 m ITH |
| 854 VA | mo Ro. |
| V Parista at Office Addison | (Florida street address) |
| New Registered Office Address: | 2 (2 2 |
| SAD-A CON | A , Florida 34 181 |
| (CIB) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered | Agent: |
| I hereby accept the appointment as registered agent. I am for | imiliar with and accept the obligations of the position. |
| (ed. | muly |
| Signature of New | Registered Agent, if changing |

Page 1 of 4

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 <math>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 A Add | PT John D V Mike J SV Sally S | <u>ones</u> | | 700 TO 000 TO 00 |
|----------------------------------|---|------------------|------------------|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | 10 T |
| 1) Change | TREASUNEN | Kim URBUTEN | _ | 1 Am offer |
| Add | | | SARAS | JAATO |
| Remove | | | | 34721 |
| 2) Change | DINGCION | DAVID WINK FAND | 4 524 | on compl |
| Add | | | SAUBS | 17 ATG: |
| Remove | | _ | | 14231 |
| 3) Change | TREA SUNCA | GEOFFILM A CIBBS | 854 | VAMO RO |
| Add | | | SAM | SOTA FL |
| Remove | | | 34 | -231 |
| 4) Change | DIRECTOR | TED SMITH | | VAMORO |
| Add | | | | 4-231 |
| Remove | | | | 425 |
| 5) Change | | | | |
| Add Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| The date of each amendment(s) adoption: OCTOBER 1 2014 date this document was signed. Effective date if applicable: OCTOBER 1 7H (no more than 90 days after amendment file date) | _, if other than the |
|---|----------------------|
| 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. | |
| Signature (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) | _ |
| Geogenet A. CIBBS (Typed or printed name of person signing) | |
| TREASURE (Title of person signing) | 001 |
| | |