MUKKOU 3799

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nam	ne)	
(Doc	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to F	iling Officer:		

Office Use Only

61509



500155742185

yman 2012 **25.00

06/15/09--01013--008 **10.00

A CHANGE OF THE PROPERTY OF TH

2009 JUN 11 PK 2: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

-COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	Open Door Mil	nistries of Orlando In	C
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Gregory B. Clayton	
		Name of Person	
		Firm/Company	
	63	10 Jennifer Jean Drive	
Address			
	O	rlando, Florida 32818 City/State and Zip Code	<u></u>
	E-mail address: (to be used for future annual report	notification)
For further information	concerning this matter, please	eali:	
	gory [·] B. Clayton	at (_407_)	924-9022
Name o	of Person	Area Code & Da	ytime Telephone Number
Enclosed is a check for t	the following amount:		
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl-	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)
(3)4	•		
	•		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

BOOK TO CHARACTER STORY

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OPen	Door Mi	nistries	z Orla	ndo, Inc
DOCUMENT NUMB	er: <u> </u>	1929			
The enclosed Articles of	of Amendment and fee are sub	mitted for filing.			
Please return all corresp	pondence concerning this matt	ter to the following:			
	Gregory B (Name of	Contact Person	٠		
	(Firm	/ Company)			·
	6310 Jen	ifer Jean Address)	DR.	— IAS	2005
·	ORlando	Address) FL 32	818	RETAR)	JUN -1
	(City/ Sta	te and Zip Code)		(0F \$1/	
	E-mail address: (to be use	d for future annual repo	ort notification)	DA I	
For further information	concerning this matter, please	e call:			
Gregory B	Clayton of Contact Derson)		924 - 9 & Daytime Te		er)
Enclosed is a check for	the following amount made p	payable to the Florida D	epartment of St	tate:	
\$35 Filing Fee \$10 Bal. Due	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional copy is enclosed)	S C	3 \$52.50 Filing Certificate of State Certified Copy Additional Copis enclosed)	atus
Amend Divisio P.O. Bo	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Clifton Bui	ress t Section Corporations Iding tive Center Circl	ŕ	

Articles of Amendment to Articles of Incorporation

Fil	LED
~ ²⁰⁰⁹ JUN 1	1 -
TALLAHASSE	' π 2: 04

	of		TALLAHASSEE, FI MATE
OPen Door Mini	Stries	of Orla	100 -110 -970
(Name of Corporation as curren		the Florida Dept.	of State)
N00000003929			
(Document Numb		tion (if known)	
Pursuant to the provisions of section 617.1006, Fl he following amendment(s) to its Articles of Inco	orida Statutes orporation:	s, this <i>Florida Not</i>	For Profit Corporation adopts
A. If amending name, enter the new name of the	he corporatio	on:	
		_	
The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or "	tain the word "Co." may no	"corporation" of the used in the na	r "incorporated" or the
B. Enter new principal office address, if applic			
	(IDDICEOU)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	P.O. Bo	x 783953
		14/2/2	A I I
		ymites	same C
			34777
D. If amending the registered agent and/or reg	istered office	address in Floric	la. enter the name of the
new registered agent and/or the new registe			
Name of New Registered Agent:			•
			
New Registered Office Address:	(Flor	ida street address)	
<u></u>			, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>s</u> _	Serita Clayton	6310 Jennifer Jean DR ORlando FL 32818	☐ Add ☑ Remove
S_	Ronald Smith	7095 Balboa DR. ORIANDO, FL 32818	Add Remove
••••••••••••••••••••••••••••••••••••••			☐ Add ☐ Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
			· }
100			

The date of each amendment(s) adoption: June 3, 200 9
Effective date if applicable: Warns when the
(no more than 90 days after amendment file date)
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 June 3, 2009 Signature Bregon B Clayfor
(By the cliffirmath or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee,
other court appointed fiduciary by that fiduciary) Cregory B. Clayton (Typed or printed name of person signing)
President
(Title of person signing)