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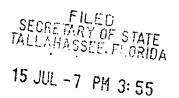
COVER LETTER

Tallahassee, FL 32314

NAME OF CORPORATION:	ALLIANCE CHURCH, I	NC. OF FORT LA	UDERDALE
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fed	e are submitted for filing.		
Please return all correspondence concerning	this matter to the following	ng:	
TALES CHARLES			
	(Name of Cont	act Person)	
N/A			
	(Firm/ Cor	npany)	
1441 NW 29TH AVENUE			
	(Addre	ess)	
FORT LAUDERDALE FL 33311			
	(City/ State and	l Zip Code)	
DSRVN44@AOL.COM			
E-mail address: (t	o be used for future annu	al report notificatio	n)
For further information concerning this matte	er, please call:		
LUNEL DESRAVINES		954 at	871-0135
(Name of Conta	ct Person)		(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	rida Department of	State:
\$35 Filing Fee \$43.75 Filing Certificate o	g Fee & \$\Bigsim \\$43.75 \text{ Filing} f Status	oy Certi copy is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section of Corp Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



PATMOS ALLIANCE CHURCH, INC. OF FORT LAUDERDALE

(Name of Corporation as curr	ently filed with the Florida Dep	ot. of State)
N01000005572		
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	ntes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corporate	ation:	
PATMOS OUTREACH MINISTRIES INC		The new
name must be distinguishable and contain the word "corpor " <mark>Company" or "Co." may not be used in the name</mark> .	cation" or "incorporated" or the	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	(2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		he name of the
NIA	addiess.	
Name of New Registered Agent: N/A		
	(Florida stre	or address!
New Registered Office Address:	(rioriaa sire	ei udaress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		gations of the position.
	Signature of New Registered Ag	ent. 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 <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 X Add	<u>v</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	JUNA MATIN	1441 NW 29TH AVENUE
X Add			FORT LAUDERDALE FL 33311
Remove			
2) Change	<u>T</u>	JUNIE JEAN	1441 NW 29TH AVENUE
X Add			FORT LAUDERDALE FL 33311
Remove	5	MARGARAN GUARAR	
3) Change	D	MARC JEAN CHARLES	1441 NW 29TH AVENUE
X Add			FORT LAUDERDALE FL 33311
Remove			TALL.
4) Change		.	JUL - LAKAMA
Add			
Remove			PH 3: 5
5) Change			55 DA
Add			
Remove			
6) Change			
Add			
Remove			

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

PATMOS OUTREACH MINISTRIES INC is organized exclusively for charitable, religious, educational and scientific
purposes, including for such purposes, the making of distribution to organizations that qualify as exempt organizations
described under Section 501(c)3 of the Internal Revenue Code, or corresponding section of any future federal tax code.
Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of
Section 501(c)3 of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed
to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be
disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located.
exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized
and operated exclusively for such purposes. (Amendment of Article XI)
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		06/29/2015	
	date of each amendment this document was signed		, if other than the
	_	06/29/2015	
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		nis block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as the
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(sproval.	s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	0/2015	
	Signature	Curan	
	have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	TA	ALES CHARLES	SECH TALL!
		(Typed or printed name of person signing)	FIL KHASSI IL -7
	PF	RESIDENT	PA FEB
	_	(Title of person signing)	STATE STATE 3: 5 5