

NA300000 8512

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

JAN 10 2020
I ALBRITTON

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: METROPOLITAN MINISTRIES FOUNDATION INC

DOCUMENT NUMBER: N03000008512

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMY KERN, CFO
(Name of Contact Person)

METROPOLITAN MINISTRIES INC
(Firm/ Company)

1002 NORTH FLORIDA AVENUE
(Address)

TAMPA FL 33602
(City/ State and Zip Code)

amy.kern@metromin.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY KERN, CFO 813 209-1021
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

Articles of Amendment
to
Articles of Incorporation
of

METROPOLITAN MINISTRIES FOUNDATION INC

(Name of Corporation as currently filed with the Florida Dept. of State)

03000008512

(Document Number of Corporation (if known))

ursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following
endment(s) to its Articles of Incorporation:

.. If amending name, enter the new name of the corporation:

_____ The new
ame must be distinguishable and contain the word "corporation" 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 MUST BE A STREET ADDRESS)

c. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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TALLAHASSEE, FLORIDA

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 title. Add, 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:
☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
<input type="checkbox"/> Change	VP	TIM MARKS	METROPOLITAN MINISTRIES
<input type="checkbox"/> Add			2002 N FLORIDA AVE
<input checked="" type="checkbox"/> Remove			TAMPA FL 33602
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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the date of each amendment(s) adoption: _____, if other than the
the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

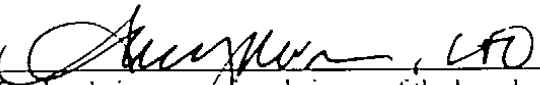
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

Option 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 November 19, 2019 _____

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)

AMY KERN

(Typed or printed name of person signing)

CHIEF FINANCIAL OFFICER

(Title of person signing)