## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004309143)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (984)356-2600 Fax Number : (904)355-0233

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## COR AMND/RESTATE/CORRECT OR O/D RESIGN DUNAMIS MINISTRIES INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

-

 $\infty$ 

Electronic Filing Menu

Corporate Filing Menu

Help



H2100430914

Articles of Amendment to Articles of Incorporation

(Document Number of Corporation (if known)  Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Nat For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  The new name 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.  Enter new principal office address flapplicable: Principal office address MAYBEA STREET ADDRESS)  Enter new mailing address MAYBEA POST OFFICE BOX  Hamending 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  (Circ)  (Circ)  (Zip Code)  Signature of New Registered Agent, if changing Registered Agent, if changing  Signature of New Registered Agent, if changing	Name of Corporation as currently filed with the Florida Dept.	of State)				
Parsuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  The new many 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.  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  Name of New Registered Agent's  New Registered Office Address:  (Florida Street oddress)  (Circ)  (Circ)  (Zip Code)  (Zip Code)  (Zip Code)  Signature of New Registered Agent, if changing Registered Agent:  Levely accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	N03000009024					
The new name must be distinguishable and contain the word "corporation:  The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Curp." or "Inc." Compony" or "Co." may not be used the name.  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (City)  (City)  (Zip Code)  (Zip Code)  (City)  Signature of New Registered Agent in the nonlinear with and accept the obligations of the position.	(Document Number of C	Corporation (if knows	1)	-		<del></del>
The new anne 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.  1. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address MUST BE A STREET ADDRESS)  Finiting address MAY BE A POST OFFICE BOX:  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:  (City)	ursuant to the provisions of section 617.1006, Florida Statutes, this mendment(s) to its Articles of Incorporation:	. Florida Not For Pr	ofit Curpora	tion adopt	s the foll	lowing
Anne miss be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  Compone" or "Co." may not be used in the name.  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable:  [Mailing address MAY BE A POST OFFICE BOX]  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:  (City)  (C	If amending name, enter the new name of the corporation:	: -			-	
Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered new registered office address:  Name of New Registered Agent:  New Registered Office Address:  (City)  (City)  (Zip Code)  (Zip Code)  W Registered Agent:  (City)  (Zip Code)  (Zip Code)  (Zip Code)  (Zip Code)  Signature of New Registered Agent if changing Registered Agent:  (City)  Signature of New Registered Agent, if changing Registered Agent.  (City)  Signature of New Registered Agent, if changing Registered Agent.  Signature of New Registered Agent, if changing Registered Agent.			·		TI1	e new
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  (City)  (City)  (Zip Code)  (City)  (Zip Code)  Signature of New Registered Agent:  Signature of New Registered Agent is changing Registered Agent:  (Signature of New Registered Agent, if changing Testing and accept the obligations of the position of the positi	anie must be distinguishable and contain the word "corporation" of Company" or "Co." may not be used in the name.	or "incorporated" or	the abbrevie	nion "Cor	p." or "	Inc."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  (City)  (City	Enter new principal office address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX  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:  (City)  (	rincipal office address MUST BE A STREET ADDRESS)					- <del></del>
Mailing address MAY BE A POST OFFICE BOX  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:  (City)  (			· .			
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:   (Florida street address)	Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		. , ,	٠. ـ	,	
Name of New Registered Agent:  New Registered Office Address:  (City)  (City)  (City)  (City)  (City)  W Registered Agent's Signature, if changing Registered Agent:  ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing						************
Name of New Registered Agent:  New Registered Office Address:  (City)	<del>-</del>					
Name of New Registered Agent:  New Registered Office Address:  (City)						
Name of New Registered Agent:    New Registered Office Address:   (Florido street address)	· ***					
New Registered Office Address:  (City)  (City)  (Zip Code)  (Zip C	If amending the registered agent and/or registered office add	ress in Florida, ente	r the name	of the	·	<del>_</del>
New Registered Office Address:  (City)  (City)  (Zip Code)  (Zip C	new registered agent and/or the new registered office address	ress in Florida, ente	r the name	of the	·	<del></del>
New Registered Office Address:  (City)  (Zip Code)  (Z	new registered agent and/or the new registered office address	ress in Florida, ente	r the name	of the	`	
(City)  (City)  (Zip Code)  (Z	new registered agent and/or the new registered office address	ress in Florida, ente L	r the name	of the	`	·
(City) (Zip Code) (Zip Code) (Zip Code) (Xip	Name of New Registered Agent:			of the	*	· · · · · · · · · · · · · · · · · · ·
w Registered Agent's Signature, if changing Registered Agent:  ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Ayent, if changing	Name of New Registered Agent:			of the		
Signature of New Registered Ayent, if changing	Name of New Registered Agent:  New Registered Office Address:	(Florida s	treet address)	-	4	
Signature of New Registered Avent. If changing	Name of New Registered Agent:  New Registered Office Address:	(Florida s	ireei address)	orida	* > 5 5.5	
Signature of New Registered Avent, if changing	Name of New Registered Agent:  New Registered Office Address:  (Cin. W. Registered Agent's Signature, if changing Registered Agent.)	(Florida s	ireei address) , Fi	orida <u>tj</u> Zip Code)	SECH SECH	2621 M
Signature of New Registered Avent, if changing	Name of New Registered Agent:  New Registered Office Address:  (Cir.  W Registered Agent's Signature, if changing Registered Agent	(Florida s	ireei address) , Fi	orida <u>tj</u> Zip Code)	SECHOT ALLAHA	
Signature of New Registered Agent, if changing	Name of New Registered Agent:  New Registered Office Address:  (Cir. W. Registered Agent's Signature, if changing Registered Agent.)	(Florida s	ireei address) , Fi	orida <u>të</u> Zip Code) the pasitio	388 7 17	2821 NOV 23
	Name of New Registered Agent:  New Registered Office Address:  (Cine we Registered Agent's Signature, if changing Registered Agent ereby accept the appointment as registered agent. I am familiar v	(Florido s v) with and accept the of	reei address) Fi ( hligutions of	orida <u>të</u> Zip Code) the positio	388 7 17	23 4
	Name of New Registered Agent:  New Registered Office Address:  (Cinew Registered Agent's Signature, if changing Registered Agent: erroby accept the appointment as registered agent. I am familiar v	(Florido s v) with and accept the of	reei address) Fi ( hligutions of	orida <u>të</u> Zip Code) the positio	SSEE F	23 AM

Page: 3 of 5

•	*•		•					H210043091	4
If amending the Officer and address of each Off (Attach additional sheets, Please note the officer/dit P = President; V= Vice I Executive Officer: CFO = held. President, Treasure	icer and/ . if necess rector titl President; = Chief Fi	or Direct (ary) le by the j T=Trectinancial	tor being added first letter of the c isurer; S= Secret Officer. If an offi	: office title: urv: D= Dire	ector: TR= T	rustve: C :	≈ Chuirman i	or Chork: CFA	⇒ Chiaf
Changes should be nated a change, Mike Jones lea Mike Jones, V as Remove	ves the co	nporatio	n, Sally Smith is i	v John Doe is named the V	s listed as the and S. These	e PST and should be	Mike Jones is noted as Joh	s listed as the V in Doe, PT as a	7. There is i Change,
Example:  X Change X Remove X Add	PT V SV	John D Mike Je Sally S	ones			 ' :			
Type of Action (Check One)	Title		Name			Addr	<u>es</u> s -		· · · · · · · · · · · · · · · · · · ·
1) Change Add Remove		-			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			- · ·
2) Change Add		_	· .		<del></del> .				, 
Reinove Change Add Reinove		-			<del></del>	·. <u> </u>			- ·
4) Change Add		<b>-</b> .			<del></del> .				- -
Remove 5/ Change Add		-	· ·	· ·	<del></del>				-
Remove				· · ·	· · · · · ·	· 	· · ·		-
Add Remove			•	•					<del>-</del>
E. If amending or addin- (attach additional sheet	g additio ts, if nece	nal Arti ssary).	cles, enter chang (Be specific)	te(s) here:				·.	
ARTICLE III OF THE AI				IS HEREBY	AMENDEL	AND RE	PLACED	·	<del>-</del>
	1, /	۷۷ ل. بدساب	m.O.						

Internal Revenue Code. The purpose of this organization is to promote and demonstrate the good news of Jesus Christ,

H2100430914

ctivities as a church and religious institut							
		•			,		-
· .		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>		<u>.</u> .
	· · · · · · · · · · · · · · · · · · ·		······································				-
· · · · · · · · · · · · · · · · · · ·					· ,	····	<u>.</u>
							•
				· ·	,		· .
	•		· · · · · · · · · · · · · · · · · · ·	• .	× .		<del>-</del>
	······································	P <sub>k</sub>					- , ,
		· · · · · · · · · · · · · · · · · · ·					<u>.</u>
	· · · · · · · · · · · · · · · · · · ·		<del></del>		·		
	· ··	· ·			·		<u>-</u>
	`*,	· . ´		•			
	••					٠.	ī. ·
		<del></del>					=
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		,		-
					<del></del>	<del></del>	-
		<del></del>			`		-
				<i></i>			<u>.</u> .
					:		:
				,			
							•
	•						*,
			• , •		•		- '
a data of each amount-work A stockly	October 8, 2021	· · · · · · · · · · · · · · · · · · ·	٠.	• -			
e date of each amendment(s) adoption to this document was signed.	·	<del></del>		<del></del>		if other	than the
fective date if annlicable:							
	no more than 90 c	knys after ame	ndment file d	ate)	,		<del></del>
fective date <u>if applicable</u> ;	not meet the app	licable statuto			s date will no		
option of Amendment(s)	(CHECK ONE)						••

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

Page: 5 of 5

H2100430914

Dated

November 22, 2021

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)

Danon Winter

(Typed or printed name of person signing)

President

(Title of person signing)

SECTIL HAND OF STATE
TALLAHASSEE, FLORIDA