

NO40000 11779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SEP 07 2018

2018 SEP -4 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Loaves and Fishes International, INC

DOCUMENT NUMBER: N04000011779

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

Please return all correspondence concerning this matter to the following:

Sarah Behrens

(Name of Contact Person)

Loaves and Fishes International, Inc.

(Firm/ Company)

375 N. McCall Rd

(Address)

Englewood, FL 34223

(City/ State and Zip Code)

info@loavesandfishesintl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Behrens

(Name of Contact Person)

at

941-313-5410

(Area Code) (Daytime Telephone Number)

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

FIL

FILED

Loaves and Fishes International

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

NO40000011779

(Document Number of Corporation (if known))

SEP 4 2018
TALLAH

2018 SEP -4 AM 9:4
SECRETARY OF STATE
TALLAHASSEE, FL

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

A. 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.

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:

(Florida street address)

New Registered Office 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

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 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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

D

Valora Bock

☐ Add

☒ Remove

2) ☐ Change

D

Pat Bock

☐ Add

☒ Remove

3) ☐ Change

D

Kimberly Luff

☐ Add

☒ Remove

4) ☐ Change

D

Ken Luff

☐ Add

☒ Remove

5) ☐ Change

Ass. TD

Dave Behrens

2571 Portago Ln

☒ Add

North Port, FL 34286

☐ Remove

6) ☐ Change

Ass. ~~TD~~ SD

Sarah Behrens

2571 Portago Lane

☒ Add

North Port, FL

☐ Remove

34286

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(Attach additional sheets, if necessary)

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Kyler Temple</u>	<u>905 East Meadowlark Ln</u> <u>Springfield, MO</u> <u>65810</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Ya Ling Yu</u>	<u>905 East Meadowlark Lane</u> <u>Springfield, MO 65810</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Marylou Moyer</u>	<u>271 Cherry Street</u> <u>Pennsburg, PA</u> <u>18023</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Daniel Oakes</u>	<u>20345 Angeli Drive</u> <u>Tomball, TX 77377</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Ruo Xi Sun</u>	<u>20345 Angeli Drive</u> <u>Tomball, TX 77377</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Xiao Lian Liao</u>	<u>Fenglin #67</u> <u>Rufang Village Kaishan</u> <u>Taining, Fujian 350108</u>

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 PTD.

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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1) <input type="checkbox"/> Change	<u>D</u>	<u>Qiao Qin Chen</u>	<u>Shantou #4</u>
<input checked="" type="checkbox"/> Add			<u>Shantou Village Cixi, Youngt</u>
<input type="checkbox"/> Remove			<u>Fuzhou Fujian 350106</u>

2) <input type="checkbox"/> Change	<u>D</u>	<u>Wen Lian Zhao</u>	<u>Wan Dong Keng Village</u>
<input checked="" type="checkbox"/> Add			<u>Shi Fang</u>
<input type="checkbox"/> Remove			<u>Yue Qing City, Zhe Jiang</u>

3) <input type="checkbox"/> Change	<u>D</u>	<u>Jamie Isabell</u>	<u>385606</u>
<input checked="" type="checkbox"/> Add			<u>1332 A Pennock Avenue</u>
<input type="checkbox"/> Remove			<u>Nashville, TN 37207</u>

4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 4-4-2018 if other than 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.

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 8-29-18

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)

Sarah Behrens
(Typed or printed name of person signing)

Asst. Secretary, Director
(Title of person signing)