

ND40000011975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Terri Smith Advised
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05/04/15--01052--013 **52.50

2015 JUN 15 PM 2:09
F.L.R.D.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend/cc
①a. 6.15.15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2015

MYRON SMITH
HEALING HEARTS MINISTRIES INC
10790 CHILDERS STREET
BONITA SPRINGS, FL 34135

SUBJECT: HEALING HEARTS MINISTRIES INC.
Ref. Number: N04000011975

We have received your document for HEALING HEARTS MINISTRIES INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 115A00011546



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2015

MYRON SMITH
HEALING HEARTS MINISTRIES INC
10790 CHILDERS STREET
BONITA SPRINGS, FL 34135

SUBJECT: HEALING HEARTS MINISTRIES INC.
Ref. Number: N04000011975

We have received your document for HEALING HEARTS MINISTRIES INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 915A00009847

Articles of Amendment
to
Articles of Incorporation
of

Healing Hearts Ministries Inc.

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

N04000011975

(Document Number of Corporation (if known))

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

(Florida street address)

New Registered Office Address:

N/A

(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

2015 JUN 15 PM 2:09
DIVISION OF CORPORATIONS
FLORIDA DEPT. OF STATE

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 | <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> |
|------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------|--------------------------------------------------------------|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>D</u> | <u>Joffre Vivoni</u> | <u>6134 Shetland Road</u> <u>Jacksonville, FL 32277</u> |
| 2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>Armando Vazquez</u> | <u>PO Box 368441</u> <u>Bonita Springs, FL 34136-3441</u> |
| 3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>Jason S. Smith</u> <u>(Address only)</u> | <u>644- 96th Avenue</u> <u>Naples, FL 34108</u> |
| 4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>Eliane M. Smith</u> <u>(Address only)</u> | <u>644- 96th Avenue</u> <u>Naples, FL 34108</u> |
| 5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>S</u> | <u>Terilyn Smith</u> | <u>10790 Childers St.</u> <u>Bonita Springs</u> |
| 6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>PP</u> | <u>Myron S Smith</u> | |

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

1. Relentless Church is a church making disciples who are ready to capture the harvest that is ready for God's Relentless Love, Grace and Forgiveness

We are holding regular church services and weekly bible studies. We are also helping to make a difference in our community through ministering to people in need of help. Back to school projects, bringing awareness to Human Trafficking, praying for our country, state, community and city, etc. We will fulfill the Great Commission to preach the gospel and proclaim liberty and freedom to the captives.

2. Healing Hearts Ministries Inc. is doing business as Relentless Church

January 1, 2015

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

January 1, 2015

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.

4/29/2015

Dated

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)

Myron S Smith

(Typed or printed name of person signing)

President/Pastor

(Title of person signing)