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Office Use Only



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### **COVER LETTER**

TO: Amendment Section : Division of Corporations NAME OF CORPORATION: 185A CHAR INTERNATIONAL MINISTRIES, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) (City/ State and Zip Code) Wamail, WM

Ho be used for future annual report notification) For further information concerning this matter, please call:

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

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# Articles of Amendment

Articles of Incorporation

	of Y			
ISSACHAR INTERNATIO		MINIST	RIES IND	<u>,                                    </u>
(Name of Corporation as currently filed with the Florida	Dept. of State)		<u> </u>	:
ND 50 000 11515				
(Document Numb	per of Corporation	on (if known)	7	m
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida	Not For Profit Corpor	ration adopts the follow	ving?
·			あた。	
A. If amending name, enter the new name of the corporat	tion:		$\mathbb{R}^{m}$ $\omega$	<b>.</b>
SDNS OF ISSA CHAR INTE	RNATI	DNAL MIN	ISTRIES, The	XC.
"Company" or "Co." may not be used in the name.	aton or incor	portuea or the abbres	ration Corp. or the	С.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	,-			_
(1	·			
C. Enter new mailing address, if applicable:		$\times$		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>			
	_			
				—
D. If amending the registered agent and/or registered offi	ice address in F	Florida, enter the nam	e of the	
new registered agent and/or the new registered office a			<del></del>	
Name of New Registered Agent:			•	
Name of New Registered Agent.		<del></del>		
New Registered Office Address;		Tr Torida street address	ij	
N. W. Tring interest Office Thin Fells.				
			Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent. I am fa		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:  X Change X Remove X Add  Type of Action (Check One)	$\underline{V}$ Mike	n Doe e Jones y Smith Name	<u>Addres</u> s
Change Add Remove			
2) Change Add			
Remove 3 ) Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
E. <u>If amending or addi</u> (attach additional she	ing additional A eets, if necessary	Articles, enter change(s) here:  (Be specific)	

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The date of each amendment(s) addate this document was signed.	loption:			_, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days	A		<del></del>
				ha Carad washa
Note: If the date inserted in this blo document's effective date on the De	partment of State's records.	ose staunory ming requiremen	us, mis date will not	oc usica as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were as was/were sufficient for approva	dopted by the members and that.	ne number of votes cast for the	e amendment(s)	

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 August 14, 2023 Signature Some Marrier Cohen
(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)
Typed or printed name of person signing)
Paston.
(Title of person signing)

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: ISSACHAR INTERNATIONAL MINISTRIES, INC
DOCUMENT NUMBER: NO 5 0 0 0 0 1 1 5 1 5
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COHEN, JOYCE (Name of Contact Person)
TITLE; PASTOR (Name of Contact Person)
(Firm/ Company)
2349 MC CARTY DRIVE
JACKSONVILLE FLORIDA 32210 (City/ State and Zip Code)
JOYCE Cohen 605 Q amail, WM E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
JOYCL MAULEEN (DHEN at 904 802-2380 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\overline{2}\$\$43.75 Filing Fee  \$\overline{2}\$\$43.75 Filing Fee  \$\overline{2}\$\$Certificate of Status  \$\overline{2}\$\$Certified Copy

Mailing Address
Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303