N0600000082

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Amend. 12/01/10 De

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: Food Shelter	Health Ministry Inc.	
DOCUMENT NU	MBER: N06000000082		
The enclosed Artic	les of Amendment and fee are sub	omitted for filing.	
Please return all co	rrespondence concerning this mat	ter to the following:	
		a Thompson	
	(Name of	Contact Person)	
	Food Shelter	Health Ministry Inc.	
	(Firm	n/ Company)	
	11110 W. Oak	land Park Blvd. #377	
-	(1	Address)	
	Sunrise.	Florida 33351	
		te and Zip Code)	
		elterhealthministry.org d for future annual report notific	ation)
For further informa	tion concerning this matter, please	e call:	
Marsha Thomps	son	at (954) 876-434	13
(Nan	ne of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Departmen	t 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)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle

Articles of Amendment to Articles of Incorporation of



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

N06000000082

(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:

	N/A		
e new name must be distinguishable an breviation "Corp." or " Inc." <mark>"Compan</mark>			ncorporated" or the
Enter new principal office address, if rincipal office address MUST BE A STE		N/A	
Enter new mailing address, if applica		N/A	
If amending the registered agent and/new registered agent and/or the new recommendation and the registered agent age		dress:	nter the name of th
	egistered office ad		nter the name of th
<u>Name of New Registered Agent:</u>	egistered office ad	dress: N/A	nter the name of th

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Venard Smith	11110 W. Oakland Park Blvd. #377 Sunrise, Florida 33351	. □ Add □ Remove
D	Girvan G. Cooper	11110 W. Oakland Park Blvd. #377 Sunrise, Florida 33351	Add Remove
<u>D</u>	Grace Walker	11110 W. Oakland Park Blvd. #377 Sunrise, Florida 33351	✓ Add Remove
(attach at ARTICLE UPON DI DISTRIBI		specific)	
	ITH THE FOOD SHELTER HE	74	
			· · · · ·

The date of each amendmen	t(s) adoption: November 15, 2010
· Effective date <u>if applicable</u> :	(date of adoption is required) November 15, 2010
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Nov	ember 15, 2010
Signature	MDo.
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Marsha Thompson
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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