# 106000003654

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| •                       |                    |             |
| (Ac                     | ldress)            |             |
|                         |                    |             |
|                         | ldress)            |             |
| (AC                     | idiessj            |             |
|                         |                    |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
|                         |                    |             |
| PICK-UP                 | WAIT               | MAIL        |
|                         |                    |             |
| (D.                     | -i                 |             |
| (Bu                     | isiness Entity Nar | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
|                         |                    |             |
| Certified Copies        | Certificates       | s of Status |
| •                       | <del>-</del>       |             |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |





000168435670

02/24/10--01033--024 \*\*43.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVES



#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO            | RATION: Ministry in Act                                | ion, Ind   | :  |  |   |
|--------------------------|--|------------|--|--|---|
| DOCUMENT NUM             | BER: N06000003654                                      |            |  |  |   |
| The enclosed Articles    | s of Amendment and fee are sub                         | omitted fo | r filing.                                  |  |   |
| Please return all corre  | espondence concerning this mat                         | ter to the | following                                  | <b>;</b> :   |   |
|                          | <del></del>  | evin D. E  |  |  | <u></u>   |
|                          | (Name of   | Contact I  | erson)                                     |  |   |
|                          | Ministry   | in Actio   | n, Inc                                     |  |   |
|                          | (Firm  | n/ Compar  | ıy)  |  |   |
|                          | 421 NE 210 C   | ircle Ter  | race #10                                   | 0226   |   |
| <u></u>                  | (1   | Address)   |  | •  | <del></del>   |
|                          | Miami I  | Florida 3  | 3179                                       |  |   |
| <del></del>              | (City/ Sta   |            |  |  |   |
|                          | revddbrov  | wn@yah     | oo.com                                     |  |   |
|                          | E-mail address: (to be use                             | d for futu | re annual                                  | report notificat   | ion)  |
| For further information  | on concerning this matter, please                      | e call:    |  |  |   |
| Rev. Devin D. Bro        | own  | at (       | 305  | 799-5064   |   |
| (Name                    | of Contact Person)                                     |            | (Area C                                    | Code & Daytime   | e Telephone Number)   |
| Enclosed is a check for  | or the following amount made p                         | ayable to  | the Florid                                 | da Department o  | of State:   |
| \$35 Filing Fee          | ☑ \$43.75 Filing Fee & Certificate of Status           | Certif     | 3.75 Filin<br>Ted Copy<br>Itional copesed) | ,  | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Amen<br>Divisi<br>P.O. I | ng Address Idment Section ion of Corporations Box 6327 |            | Amend<br>Divisio<br>Clifton                | Address<br>Iment Section<br>on of Corporations<br>Building |   |

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

#### Ministry in Action, Inc

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

#### N06000003654

(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:

| he new name must be distinguishable ar<br>bbreviation "Corp." or "Inc." <u>"Compan</u>                 |  |  | acorporated" or the |
|--|--|--|---------------------|
| . Enter new principal office address, if   | applicable:  | 421 NE 210 Circl   | e Terrace #10220    |
| rincipal office address <u>MUST BE A STI</u>   | REET ADDRESS )   | Miami, Florida 33  | 179                 |
| Enter new mailing address, if application  |  | P.O. Box 380084  |                     |
|  | EEICE DAVI   | F.O. DOX 300004  |                     |
| (Mailing address MAY BE A POST O   | FFICE BUX  |  |                     |
|  |  | Miami, Florida 332   |                     |
|  | or registered offic  | e address in Florida, e                                    |                     |
| . If amending the registered agent and new registered agent and/or the new                             | or registered office ac  | e address in Florida, e                                    |                     |
| If amending the registered agent and new registered agent and/or the new Name of New Registered Agent: | or registered office ac  | e address in Florida, e<br>ldress:                         | nter the name of th |
| If amending the registered agent and new registered agent and/or the new Name of New Registered Agent: | or registered office ac  | e address in Florida, e<br>ldress:                         | nter the name of th |
| If amending the registered agent and new registered agent and/or the new Name of New Registered Agent: | or registered office and office a | e address in Florida, e<br>Idress:<br>rida street address) | 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>1VP</u>   | Felicia Brown   | 4101 NW 7th Avenue<br>Miami, Florida 33127 | ☐ Add<br>☑ Remove |
| 2VP          | John Johnson  | 4101 NW 7th Avenue<br>Miami, Florida 33127 | ☐ Add ☑ Remove    |
| <u>D</u>     | Everett Stewart   | 4101 NW 7th Avenue<br>Miami, Florida 33127 | ☐ Add ☐ Remove    |
|              | g or adding additional Articles, enter ional sheets, if necessary). (Be specificational sheets) |  |                   |
|              |   |  |                   |
|              |   |  |                   |
|              |   |  |                   |
|              | · · · · · · · · · · · · · · · · · · ·   |  |                   |
| ····         |   |  |                   |
|              |   |  |                   |
|              |   |  |                   |
|              |   |  |                   |
|              |   |  |                   |
|              |   |  |                   |
|              |   |  |                   |

## 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>P</u>                     | Devin Brown   | 421 NE 210 Circle Terrace Apt 10226 Miami. Florida 33179 | ☐ Add<br>☑ Remove |
|                              |   |  | ☐ Add<br>☐ Remove |
|                              |   |  | ☐ Add<br>☐ Remove |
| E. If amending (attach addit | g or adding additional Articles, enter c<br>ional sheets, if necessary). (Be specific | change(s) here:<br>c)                                    |                   |
|                              |   |  |                   |
|                              |   |  |                   |
|                              |   |  |                   |
|                              |   |  |                   |
|                              |   |  |                   |
|                              |   |  |                   |
|                              |   |  |                   |

## 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>P</u>                     | Rev. Devin D. Brown   | P.O. Box 380084<br>Miami, Florida 33238 | ☑ Add ☐ Remove    |
| <u>1VP</u>                   | Felicia Brown   | P.O. Box 380084<br>Miami, Fiorida 33238 | ☑ Add<br>☐ Remove |
| <u>D</u>                     | Deacon John Johnson   | P.O. Box 380084<br>Miami, Florida 33238 | ☑ Add<br>☐ Remove |
| E. If amending (attach addit | g or adding additional Articles, enter critical sheets, if necessary). (Be specific | change(s) here:                         |                   |
|                              |   |   |                   |
|                              |   |   |                   |
|                              |   |   |                   |
|                              |   |   |                   |
|                              |   |   |                   |
|                              |   |   |                   |
|                              |   |   |                   |
|                              |   |   |                   |

| The date of each amendmen                          | t(s) adoption: February 8, 2010   |
|--|---|
| Effective date <u>if applicable</u> :              | (date of adoption is required) February 8, 2010   |
|  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                           | (CHECK ONE)   |
| The amendment(s) was/wewas/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval.  |
| 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.  |
| Signature(By                                       | ruary 18, 2010  the chairman or vice chairman of the board, president or other officer-if directors                                   |
|  | ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) |
|  | Rev. Devin D. Brown   |
|  | (Typed or printed name of person signing)   |
|  | President   |
|  | (Title of person signing)   |