

No6008004116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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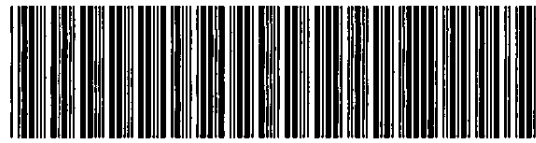
(Business Entity Name)

(Document Number)

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07 MAY - 7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*Amend*

C. Goulette MAY 08 2007

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AMERICA CARE RELIEF MINISTRIES, INC.

DOCUMENT NUMBER: N06000004116

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

Please return all correspondence concerning this matter to the following:

MARIE M NOEL

(Name of Contact Person)

SAME AS ABOVE

(Firm/ Company)

4007 BROADWAY

(Address)

WEST PALM BEACH, FL 33407

(City/ State and Zip Code)

For further information concerning this matter, please call:

MARIE M NOEL

(Name of Contact Person)

at ( 561 ) 863-7603

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2007

MARIE M. NOEL  
4007 BROADWAY  
WEST PALM BEACH, FL 33407

SUBJECT: AMERICA CARE RELIEF MINISTRIES INC  
Ref. Number: N06000004116

RECEIVED  
07 MAY -7 AM 8:00  
DIVISION OF CORPORATIONS

We have received your document for AMERICA CARE RELIEF MINISTRIES INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You will need to complete your application by first of all showing the name of the corporation in the heading of the amendment document. Next, you will need to show what you are amending in print that is large enough to be read on image when your document gets filmed to show as part of your corporation records here with our office.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 007A00026837

RECEIVED  
07 APR 26 AM 8:00  
DIVISION OF CORPORATIONS

*[Faint, illegible text, possibly a stamp or bleed-through from another page]*

Articles of Amendment  
to  
Articles of Incorporation  
of

APPROVED  
AND  
FILED  
07 MAY - 7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMERICA CARE RELIEF MINISTRIES INC

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

NO6000004116

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

X ARTICLE III: ADD: This corporation is organized and operated exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal revenue services

ARTICLE III ADD. THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICES.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of adoption of the amendment(s) was: MARCH 27, 2007

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature *Marie M Noel*  
(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.)

MARIE MARYNOE NOEL  
(Typed or printed name of person signing)

R.A. / Director  
(Title of person signing)

FILING FEE: \$35