## N06000013060

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: A PLACE OF RES	STORATION MINISTRIE	S INC.	
DOCUMENT NUM	206000013060			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Dr Dennis Grant			
		Name of Contact Person	1	-
		Firm/ Company		_
	6009 Orchard Tree En			
		Address		_
	Tamarac/ FL 33319			<b>-</b>
		City/ State and Zip Cod	e	
	amazingsoursop@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	ion concerning this matter, pleas	se call:		- ;; - ;;
Dr Dennis Grant		at ( <u>954</u>	249-5073	· ·
Name	e of Contact Person	Area Co	de & Daytime Telephone Numbo	er .
Enclosed is a check (	for the following amount made	payable to the Florida Depa	artment 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)	,,,
Ar Di	ailing Address mendment Section vision of Corporations (). Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	
Ta	Habaccoo El 32314	2415 N	V. Monroe Street, Suite 810	

Tallahassee, FL 32303

2023 JAN 30 PK 나 2.



December 5, 2022

DR. DENNIS GRANT 6009 ORCHARD TREE LN TAMARAC, FL 33319

SUBJECT: A PLACE OF RESTORATION MINISTRIES INC.

Ref. Number: N06000013060

We have received your document for A PLACE OF RESTORATION MINISTRIES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Non-Profit Corporation. Please complete and return the enclosed blank form(s).

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.

Diane Cushing Senior Section Administrator

Letter Number: 722A00026879

## Articles of Amendment to Articles of Incorporation of

A PLACE OF RESTORATION MINISTRIES INC.

Corporation (if known) nis <i>Florida Not For Profit Corporation</i> adop	
•	<del></del>
nis Florida Not For Profit Corporation adon	
	ots the followin
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" or "incorporated" or the abbreviation "Co	
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(Florida street address)	
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, Florida	. <u> </u>
City) (Zip Cod	le)
nt: r with and accept the obligations of the posi	tion.
and of Nov Bouistonal trans if at a since	
	ddress in Florida, enter the name of the ess:  (Florida street address) , Florida, Zip Cod

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	<u>S</u>	Sharon McKnight	7636 Margate Blvd Margate, FL 33063
x Remove			
2) Change Add		_	
Remove 3 ) Change Add Remove			
4) Change Add		_	
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>	<del>-</del>	
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		onal Articles, enter change(s) here: essary). (Be specific)	

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The data of each amondment(s) as	doption:	if other than th
date this document was signed.	tolicin.	ii other than the
Dec. of A. de B. 11		
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
	ock does not meet the applicable statutory filing requirements, this date will no	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes east for the amendment(s)	

	oard of directors.
Dated	12/30/202 -
Signatur	re
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	Dennis Grant
	Dennis Grant

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were