IN COUNTIES

(Requestor's Name)		
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PICK-UP	WAIT MAIL		
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(Document Number)			
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

exANdER Ministries, Ive NAME OF CORPORATION: 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) W/ 367 For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☑\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

FILED

•	Articles of Incorporation	18 HV 61 HUC 81
	dee Ministries	THE STATE
(Name of Corporation	as currently filed with the Florida De	ept. of State)
·	NO 700000 1181	3
(Docur	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Prof</i>	it Corporation adopts the following
A. If amending name, enter the new name of the		
Metropolitan Miname must be distinguishable and contain the word	nistries of Cent	PA + ORIGA The new he abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the nam	e	
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>	ble: 300 S. F	Kensington Ave.
		1:0 -
	_ hecauto,	Florida 34461
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) P.O Box	367
	_ Hernand	o Florida 34441
D. If amending the registered agent and/or regis	stered office address in Florida, enter	the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:		
		X.
<u>New Registered Office Address</u> :	,,	revi andress)
		, Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing l	Registered Agent:	
I hereby accept the appointment as registered ager	at. I am familiar with and accept the ob	ligations of the position.
-	grandar bara fa	Land M. A. marina
	Signature of New Registered A	gent, 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	PT John D V Mike J SV Sally S	ones	4/1	_
Type of Action (Check One)	Title	Name	\mathcal{V}'	Address
1) Change				
Add				
Remove				
2) Change			- 	
Add				
Remove				
3) Change				
Add				
Remove				-
4) Change				
Add				
Remove				
5) Change			-	
Add				
Remove				
6) Change	-			
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	, // ,
	· N/X
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 a	ays after amendment file date)
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	cable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members an was/were sufficient for approval.	I the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the adopted by the board of directors.	amendment(s). The amendment(s) was/were
Dated June 5, 3018	
	he board, president or other officer-if directors rator – if in the hands of a receiver, trustee, or t fiduciary)
Doug As /	Printed name of person signing)
- Pres	(Title of person signing)