# NO 7000002928

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: GUATE MALAN MISSION OUT REACH T
DOCUMENT NUMBER: NO 700000 292 8
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MOTHY S, FOSATY (Name of Contact Person)
FOGARTY FINANCIAL (Firm/Gompany)
2692 Portillo Rd (Address)
SPRING HILL, FL 34608
FOGARTY FINANCIAL ETAMPADAY, RRICOM  E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person)  at 352-346-3322  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\text{\$\subseteq \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{Filing Fee}}}}}} \ \$\text{\$\tex{

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

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Artic	icles of Amendment			
, Articl	to cles of Incorporation			
GUATEMALAN M/S (Name of Corporation as curred) NO7000000000000000000000000000000000000	of SSION OUTREACH rently filed with the Florida Dept. of State) mber of Corporation (if known)	(O.S.		
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following			
A. If amending name, enter the new name of the corpora	ration:			
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	The new pration" or "incorporated" or the abbreviation "Corp." or "Inc."  10363 BELLIOUR STRETT  SPRING HILL, FL 34608			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10363 BRLLTOURR STRESPLING HILL, FL 3468	Þ		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent:	NA			
New Registered Office Address:	(Florida street address)			
· ·	, Florida (City) (Zip Code)			
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	red Agent:  I familiar with and accept the obligations of the position.			

Signature of New Registered Agent, 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 <math>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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name ,	<u>Addres</u> s
1) Change	DI	JOHN M HLBE	COUNGTON, KY 4K17
Remove	DRECTR	JERRI PORI	- 10363 Belthware
2) Change	URBOUR		SPRNO HILL FL3469
Remove 3)Change	DI	SERRITRAMME	2LSPRING HILL PC3460
Remove			
4) Change Add			
Remove			
5) Change			
Add			**************************************
6) Change	<u></u>		
Add			
Remove			

. If amending or adding additiona (attach additional sheets, if necessor	ll Articles, enter change ary). (Be specific)	<u>e(s) here</u> :	
	1		
			. :
			·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	,
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(adopted by the board of directors.	(s) was/were
Dated . 28 Sept 2016	
Signature Medical Mand	10.15
(By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – it in the hands of a receive	
other court appointed fiduciary by that fiduciary)	
Michael L Your	<u> </u>
(Typed or printed name of person signing)	7
Vee President	Secretary