N07000002928

(Re	questor's Name)	
(Add	dress)	
(Ado	dress)	
,	,	
(6)	ulChein (7) n/Dhann	<u> </u>
(Cir	y/State/Zip/Phone	<i>∓</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
`	•	,
	cument Number)	
(20	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
'	J	
NIO.		
		

Office Use Only



900392685539

0.15 22 -00.17--005 4.50.00

SECRETARY OF STATE

05.01.002

COVER LETTER

TO: Amendment Section Division of Corporations

GUATEMALA NAME OF CORPORATION:	AN MISSION OUTREAC	H, INC.	<u> </u>
N07000002928 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
TIMOTHY S FOGARTY			
	(Name of Contact F	erson)	
FOGARTY BUSINESS SOLUTIONS LLC			
	(Firm/ Compan	<u>y</u>)	
PO BOX 5407			
	(Address)		
SPRING HILL, FL 34611			
	(City/ State and Zip	Code)	
FOGARTYBUSINESSSOLUTIONS@GMAIL	.COM		
E-mail address: (to be	cused for future annual re	port notificatio	n)
For further information concerning this matter, p	dease call:		
TIMOTHY S FOGARTY	3	352	587-5549
(Name of Contact P	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address mendment Sect	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GUATEMALAN MISSION OUTREACH, INC.

(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N07000002928		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
ARMS OF LOVE MINISTRIES INC		The new
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADE	: DRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered.	ed office address in Florida, office address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F)e	orida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Regista	ered 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 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 Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		<u> </u>	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	icles, enter change(s) here: (Be specific)	
	<u> </u>		
	-		

		-	
		<u> </u>	
_			
<u> </u>		_	
<u> </u>	<u>., .</u>		
	-		
		-	
			
			
	<u> </u>	·	
		<u> </u>	
			
	<u> </u>		
The date of each amendment(s) add date this document was signed.	option: AUGUST 11, 2022		, if other than the
Effective date if applicable:			
Effective date in approcasie.	(no more than 90 days	after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicab artment of State's records.	ole statutory filing requirem	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and th	e number of votes east for	the amendment(s)

	There are no membadopted by the boa	ners or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
	Dated	AUGUST 11, 2022
	Signature	Tmod, told
(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)		
		TIMOTHY S FOGARTY
		(Typed or printed name of person signing)
		TREASURER

(Title of person signing)