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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SUNRISE	WORLD MINISTRIE	s, luc.
DOCUMENT NUMBER:	07000	008749	
The enclosed Articles of Amendment	and fee are	submitted for filing.	
Please return all correspondence conc	erning this r	natter to the following:	,
CHAR	ies N.	ROLLINS Contact Person)	
	(Name of	Contact Person)	
AMAZ	on Hope	PROJECT (Company)	
	(Firm/	Company)	
9351	CORKSO	CREW RD	
	(A	ddress)	
ESTER	20, FL	33928 e and Zip Code)	
	(City/ State	e and Zip Code)	
For further information concerning th	is matter, pl	ease call:	
CHARLES N. ROLLING (Name of Contact Person)	s	at (239) 860-	0096
(Name of Contact Person)		(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following			partment of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of S	Fee & 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 C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



SUNRISE WORLD N		/. ··	
(Name of Corporation as curre	ently filed with t	he Florida Dept. of Sta	<u>te</u>)
NO 7000008749			·
(Document Nun	nber of Corporation	on (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		this Florida Not For Pi	cofit Corporation adopts
A. If amending name, enter the new name of	f the corporation	<u>ı:</u>	
AMAZON HOPE PROJE	CT, /NC.		
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o	ontain the word	-	orporated" or the
B. Enter new principal office address, if applicable:		9351 CORKS	CREW ROAD
(Principal office address <u>MUST BE A STREET</u>	T ADDRESS)	<u>935</u> CORKS ESTENO, FL	33928
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		SAME	·····
D. If amending the registered agent and/or			er the name of the
new registered agent and/or the new regis	stered office add	iress:	
Name of New Registered Agent:		N. ROLLINS	_
		RKSCREW RD	
New Registered Office Address:		da street address)	
	ESTERO		_, Florida <u>33928</u>
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			ot the obligations of the
_	Charles N	Kallins	
S	Signature of New	Registered Agent, if cha	nging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
E. If amen (attach a	nding or adding additional Arti additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
			· · · · · · · · · · · · · · · · · · ·

The date of each amendmen	at(s) adoption: 2/1/09
Effective date if applicable:	2/1/09
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated	2/1/09
Signature	Charles N Hollins
(B _i	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, oner court appointed fiduciary by that fiduciary)
	CHARLES N. ROCLINS
	(Typed or printed name of person signing)
	SECUCIANY DIRECTOR (Title of person signing)
	(Title of person signing)

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