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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LASCha VI, Distries, Inc.
DOCUMENT NUMBER: 2 N 0 7000 10612
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Lascha
(Name of Contact Person)
Lascha Ministries, Inc
(Firm/ Company)
215 Timpoochee De
(Address)
Indian HARbour Beach, FL
(City/ State and Zip Code)
JLASCHAIII OCFL, RR, COM: E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Johnny Lascha 11 1 1 693-1681
(Name of Contact Person) - (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Scrifficate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & 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 Circle Tallahassee, FL 32301

Articles of Amen	dment
to to	dment 2010 AUG
Articles of Incorp	oration was a second to the se
LASCHA Ministries, I	oration ALECTORIA The Florida Dept. of State
(Name of Corporation as currently filed with	the Florida Dept. of State)
NO 70000 10612 -	The state of the s
(Document Number of Corpora	tion (if known)
fursuant to the provisions of section 617.1006, Florida Statute ne following amendment(s) to its Articles of Incorporation:	
. If amending name, enter the new name of the corporati	on:
he new name must be distinguishable and contain the word bbreviation "Corp." or "Inc." "Company" or "Co," may no	d "corporation" or "incorporated" or the
	to the same to the same.
l. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	Marine Ma
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 If amending the registered agent and/or registered office new registered agent and/or the new registered office ac 	
Name of New Registered Agent: John	LASCHA
OT COT	
New Registered Office Address: A (Flo	rida street address)
Indian H	ROUT BEACH, Florida 32937
,	(Citý) (Zip Code)
lew Registered Agent's Signature, if changing Registered	Agent <u>:</u>
hereby accept the appointment as registered agent. I am osition.	
osmon.	
Signature of New	w Registered Agent, if changing
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Page 1 of 3	
	And the second s

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>	Name	Address	Type of Action
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E. If amendin	ig or adding additional Articles, ent itional sheets, if necessary). (Be spe	er change(s) here:	
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The date of each amendment(s)	idoption:
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
	The second secon
Adoption of Amendment(s)	(CHECK-ONE)
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated Dated	9/10
Signature	hooder President
By the	chairman or vice chairman of the board, president or other officer-if directors
other co	t been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
Total Control	John LASCHA
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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Page 3 of 3