N07000010845

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12/5/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TOUCH OF H	EAVEN MINISTRIES, INC	
DOCUMENT NUMBER: N07000010845		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
ALEJANDRO NUNEZ (Name of	Contact Person)	<u>-</u>
Touch Heave-	n Ministries	In(
1450 NW 87H	Que Suite 2 Address)	10_
DORAL, FLORIDA, 33172 (City/ Stat	e and Zip Code)	
For further information concerning this matter, p	lease call:	
ALEJANDRO NUNEZ (Name of Contact Person)	at (786) 268-1349 (Area Code & Daytime T	
Enclosed is a check for the following amount ma	de payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	▼ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) ▼ \$\frac{1}{2}\$ ▼ \$1
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 Circ Tallahassee, FL 32301	ele

Articles of Amendment to Articles of Incorporation

FILED

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		OFORETIEN OF STREET
TOUCH OF HE	EAVEN MINISTRIES.	SECRETARY OF STAT
(Name of Corporation as curren	tly filed with the Florida De	pt. of State)
N	07000010845	_
	per of Corporation (if known)	
rsuant to the provisions of section 617.1006, F following amendment(s) to its Articles of Inco		ot For Profit Corporation add
If amending name, enter the new name of t	the corporation:	
OUCH HEAVEN MINISTRIES, IN	IC	
e new name must be distinguishable and con breviation "Corp." or " Inc." <u>"Company" or</u>	itain the word "corporation"	or "incorporated" or the
Enter new principal office address, if application		
	***************************************	,
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY)	
MALE MALES M		
If amending the registered agent and/or remember registered agent and/or the new register		rida, enter the name of the
	ereu omice aduress.	•
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addre	an)
New Negmered Office Address.	(Pioriau sireei aaare	33/
	(Cit.)	, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing ereby accept the appointment as registered crition.		nd accept the obligations of
	•	

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>	Address	Type of Action		
			\bigcip Add		
			☐ Add		
			□ Remove		
		 			
			Remove		
					
E. <u>If amen</u>	ding or adding additional Ar	ticles, enter change(s) here:			
(attach a	dditional sheets, if necessary).	(Be specific)			
<u>ADDING</u>	ADDITIONAL ARTICLE: U	JPON DISSOLUTION OF THE	ORGANIZATION,		
THE REM	MAINING ASSETS WILL E	BE USED EXCLUSIVELY FOR	EXEMPT PURPOSES		
ONLY.					
· · · · · · · · · · · · · · · · · · ·					

·The date of each amendmen	i(s) adoption: NOV 8, 2007
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_NO' Signature	VEMBER 17TH, 2008
(By	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or the court appointed fiduciary by that fiduciary)
	FRANK J. AMEDIA (Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)

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