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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

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are submitted for filing.
his matter to the following:
Contact Person)
N CORP
/ Company)
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Address)
te and Zip Code) r, please call:
i, piease can.
at (813) 929-3373
(Area Code & Daytime Telephone Number)
:
✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ZION TRAVEL FOUNDATION CORP

(Name of corporation as currently filed with the Florida Dept. of State)

N08000006147

(Document number of corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)		
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) ADD NAME TO ARTICLE VII		

The date of adoption of the amendment(s) was: AUGUST 13, 2008		
	e if applicable:	
	(no more than 90 days after amendment file date)	
Adoption of A	Amendment(s) (CHECK ONE)	
	e amendment(s) was (were) adopted by the members and the number of votes cas the amendment was sufficient for approval.	
	ere are no members or members entitled to vote on the amendment. The endment(s) was (were) adopted by the board of directors.	
Signat	(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.)	
	LINDA DEVAUGHN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of percen signing)	

FILING FEE: \$35