N08000007619

Office Use Only



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07/27/12--01019--020 **35.00

SECRETARY OF STATE OF VISION OF CORPORATION

Amend & NC

AUG 1 5 2012

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: S'AFAR! THROUGH THE COOLS MINISTERS, INC. |
|--|
| DOCUMENT NUMBER: NO800007619 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| TOSE E. ALVAREZ (Name of Contact Person) |
| SAFARI THROUGH THE WORD MINKTRIES, INC. (Firm/Company) |
| 5725 NW 114 PATH # 102 |
| DORAL, FLORIDA 88178-41195 (City/State and Zip Code) |
| E-mail address: (to be used for fisture annual report notification) |
| For further information concerning this matter, please call: |
| TOSE E AIVAREZ at (805) 299-0683 (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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Street Address |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2012

JOSE E ALVAREZ SAFARI THROUGH THE WORD MINISTRIES INC. 5725 NW 114 PATH #102 DORAL, FL 33178-4195

SUBJECT: SAFARI THROUGH THE WORD MINISTRIES INC.

Ref. Number: N08000007619

We have received your document for SAFARI THROUGH THE WORD MINISTRIES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L12000007430 - EMERGE, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 512A00019922

Articles of Amendment

to Articles of Incorporation

| of | | • | |
|--|---------------------------|-------------------------------|--|
| SAFARI THROUGH THE | WORD M | INATIONE | INC, |
| (Name of Corporation as currently filed with the Florida Dept | t. of State) | , | |
| N0800000 | 7619 | | |
| (Document Number of Corporation (if kr | iown) | | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Flo</i> amendment(s) to its Articles of Incorporation: | rida Not For Profit Cor | poration adopts the following | lowing |
| A. If amending name, enter the new name of the corporation: | TNO | EMERGIA | VG, INC |
| name must be distinguishable and contain the word "corporation" or "I | incorporated" or the abi | | ie new Inc." |
| "Company" or "Co." may not be used in the name. | , | • | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A N/A | | SECRE DIVISION |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: | s in Florida, enter the n | ame of the | FILED TARY OF STATI OF CORPORATI |
| new registered agent and/or the new registered office address: | . /^ | | 9 |
| Name of New Registered Agent: | V/A | | ,, |
| New Registered Office Address: (Florida stre | eet address) | anning. | |
| | , Florie | la | |
| (City) | (Zi _I | Code) | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with | n and accept the obligati | ons of the position. | |
| Signature of New Registered Ager | nt, if changing | | |

Page 1 of 4

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 | | <u>Doe</u> Jones Smith | |
|----------------------------------|-------------------|------------------------------|---|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| Change Add Remove | \mathcal{D}_{-} | DANIEL GALASSO | 148015W 695T. MIAMI, FLORIDA ZIP 83193 |
| 2) Change Add | D | JADE GALAGO | 14801 500 6957. MIAMI, FLORIDA 21832192 |
| Remove 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| f amending or adding additional Arti ttach additional sheets, if necessary). | (Be specific) |
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| The | date of each amendment(s) adoption: \(\lambda |
|------|--|
| Effe | ective date if applicable: |
| | (no more than 90 days after amendment file date) |
| Ado | option of Amendment(s) (CHECK ONE) |
| ¤ | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
| | Dated January 23 20/2 Signature |
| | (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) |
| | TOSE E. ALVAREZ (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |