N08000010099

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Decument Number)	_
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FILED
2009 MAY 18 AM 8: 02
SECRETARY OF STATE

Amend TB 5/22/09

COVER LETTER

, TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: MORUD SHAKER MINISTRY INC
DOCUMENT NUMBER: N08000010099
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS STREIFEL (Name of Contact Person)
(Firm/ Company)
1935 ILLEST COURT (Address)
WEST PALLY BEACO FU 33406 (City/State and Zip Code)
WORLDSHAKERMINISTRY & GMAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS STREIFEL at (56) 951-7474 (Name of Contact Person) at (56) 951-7474 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filin
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorporation
		of

IN/ORLAD S	SHAKE	2 MINISCRI	I TNO
(Name of Corporation as curre	ntly filed with t	he Florida Dept. of Sta	<u>; </u>
NOSK	MM) I VII	\QQ	
(Document Num	ber of Corporation	on (if known)	
,	•	,	
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.		this Florida Not For Pr	ofit Corporation adopts
A. If amending name, enter the new name of	the corporation	<u>ı:</u>	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or			rporated" or the
B. Enter new principal office address, if appl	<u>icable:</u>		ASS S
(Principal office address <u>MUST BE A STREET</u>	<u>r Address</u>)		经支工
			SS TO I
C. Enter new mailing address, if applicable:			FLAST
(Mailing address MAY BE A POST OFFIC			<u> </u>
			P
D. If amending the registered agent and/or re	egistered office	address in Florida, ente	er the name of the
new registered agent and/or the new regis			
Name of New Registered Agent:			
traine of New Register et Algeria.			-
New Registered Office Address:	(Flori	da street address)	_
New Registered Office Address.	(1.10) 16	aa sireei uaaress)	
-		(C):)	_, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.			t the obligations of the
——————————————————————————————————————	ignature of New	Registered Agent, if char	nging

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title **Type of Action** <u>Name</u> Address GAVIN NELSON 850 NW 86THAVE, APARTMENT NO! 515 DRemove PLANTATION FL 33324 JOHN BOONE JACKIE BANISE NW. 65TH ST Add 3331 NW 65 TH ST Add

FT. LAUDGEDALE F1 Remove

33309 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

•	The date of each amendment(s) adoption: MAY 09, 2009				
•	Effective date if applicable: (no more than 90 days after amendment file date)				
	Adoption 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 MAY 09, 2009 Signature Thomas D. Stuff				
	(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)				
	THOMAS STREIFEL (Typed or printed name of person signing)				
	VIEPRESIDENT (Title of person signing)				
	(The or person signing)				

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