008000010

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

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COVER:LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations FOOD BAG MINISTRIES, INC. N08000010110 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GONZA 1 EZ
(Name of Contact Person) FOOD BAG MINISTRIES, INC
(Firm/Company) 9020 NW 8 ST. APT. # 104 FOOD BAGMINISTRIES @ LIVE. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS GONZAlez at (305) 305-1988 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Street Address Mailing Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

		of	
FOOD	BAG	MINISTRIES	INC
		vith the Florida Dept. of State)	,

N08000010110

(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:

A. If amending name, enter the new name of the corpor	ration:	
	10/11	The nev
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	ration" or "incorporated" or	the abbreviation "Corp." or "Inc."
Company or Co. may not be used in the mane.		
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>ss</u>)	V/A
		/
	 	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	AND THE REST OF THE PARTY OF TH	
	1	//A
		/
		Add to Anna to The
D. If amending the registered agent and/or registered o		r the name of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent:		
	Ju,	1/A
 	(Florida street address)	///
New Registered Office Address:		
		, Florida
(Ci	ty)	(Zip Code)
Name Designationed Agent's Signature of shapping Designation	ad Aganti	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		obligations of the position: 0
	/1	

Page 1 of 4

Signature of New Registered Agent, if changing

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 us an Add.

Example: X Change X Remove X Add	V Mike	Doe e Jones v Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	5	GONZNEZ, SONIA M	9020 NW 8 ST. #104
Add Remove			MIAMI, FL. 33172
2) Change	<u>S</u>	Gonzalez, Sonia G	9020 NW 85T. #104
X Add			MIAMI, FL. 33172
Remove 3) X Change	T	Gonzalez, Christian A	9020 NW 8 ST. # 104
Add			MIAMI, FL. 33172
Remove 4) Change Add	<u> </u>	Gonzalez, Chnistian A	6800 NW 28 AVE. FORT LAUdendale, FL
Remove			33309
5) Change			
Add		•	
6) Change			
Add Remove			
Kelilove			

tach additional sheets, if necessary).	(Be specific)
	- 1/2
	<u>N/A</u>
	Γ
	And the second s

The date of each amendment(s) ad	option:		2013
Effective date if applicable:			2013
	(no more than 90 c	lays after ame	endment file date)
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ad was/were sufficient for approva	• -	d the number	of votes cast for the amendment(s)
There are no members or membadopted by the board of director		e amendment(s). The amendment(s) was/were
Dated	Jan 1,20	013	
Signature	Jan D.	Offer.	
have not bee		orator – if in th	sident or other officer-if directors ne hands of a receiver, trustee, or
	Luis A. G	onzale	2
	(Typed or printed name of	of person sign	ing)
	VICE- 1	or esio	eNT.
	(Title of person signing)	