

ND8000011149

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15 JUN 30 PM 2:24
TALLAHASSEE, FLORIDA

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COVER LETTER

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15 JUN 30 PM 2:24
TALLAHASSEE, FL 32301

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Eileen Hubers Ministries, Inc.

DOCUMENT NUMBER: N08000011149

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rev. Eileen J. Floyd, President
(Name of Contact Person)

Eileen Hubers Ministries, Inc.
(Firm/ Company)

2692 SW Pontiac Place
(Address)

Stuart, FL 34997
(City/ State and Zip Code)

Cornerstone 350@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev. Eileen J. Floyd at (772) 266-9412
(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
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

EILEEN HUBERS MINISTRIES, INC.

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

N08000011149

(Document Number of Corporation (if known))

FILED
15 JUN 30 PM 2:24
TALLAHASSEE, FLORIDA

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 corporation:

EILEEN FLOYD MINISTRIES, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "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)**

2692 SW Pontiac Place
Stuart, FL 34997

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

2692 SW Pontiac Place
Stuart, FL 34997

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Rev. Eileen J. Floyd
2692 SW Pontiac Place
(Florida street address)

New Registered Office Address:
Stuart, Florida 34997
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Rev. Eileen J. Floyd
Signature of New Registered Agent, if changing

Note: Copy of Marriage License Attached Attesting To Name Change of President.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Paul G. Hubers</u>	<u>2301 S. Congress Ave.</u> <u>Apt. 424</u> <u>Boynton Beach, FL 33426</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: June 25, 2015, if other than the date this document was signed.

Effective date if applicable: June 25, 2015
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 25, 2015

Signature Rev. Eileen J. Floyd
(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)

Rev. Eileen J. Floyd
(Typed or printed name of person signing)

President
(Title of person signing)

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.



CFN 20140188428
OR BK 26806 PG 1149
RECORDED 05/21/2014 16:08:53
Palm Beach County, Florida
Sharon R. Bock, CLERK & COMPTROLLER
Pg 1149; (1pg)

2014MLS001167

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) DAVID RICHARD FLOYD		2. DATE OF BIRTH (Month, Day, Year) FEB-09-1948	
3a. RESIDENCE - CITY, TOWN, OR LOCATION MILTON	3b. COUNTY SANTA ROSA	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a. BRIDE'S NAME (First, Middle, Last) EILEEN JANE HUBERS		5b. MAIDEN SURNAME (if different) MEEHAN	
6. DATE OF BIRTH (Month, Day, Year) MAY-25-1950		7. BIRTHPLACE (State or Foreign Country) NEW YORK	
7a. RESIDENCE - CITY, TOWN, OR LOCATION DELRAY BEACH		7b. COUNTY PALM BEACH	7c. STATE FL

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>David Richard Floyd</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY-14-2014
11. TITLE OF OFFICIAL Deputy Clerk	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Sharon R. Bock</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Eileen Jane Hubers</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY-14-2014
15. TITLE OF OFFICIAL Deputy Clerk	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Sharon R. Bock</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE Palm Beach County	18. DATE LICENSE ISSUED MAY-14-2014	16a. DATE LICENSE EFFECTIVE MAY-17-2014	19. EXPIRATION DATE JUL-16-2014
20a. SIGNATURE OF CLERK, CLERK OF COURT, OR JUDGE <i>Sharon R. Bock</i>		20b. TITLE Clerk of Court	20c. BY D.C. <i>MB</i>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) May 18 2014	22. CITY, TOWN, OR LOCATION OF MARRIAGE Delray Beach Florida
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Sharon R. Bock</i>	23c. ADDRESS (Of person performing ceremony) 1063 NW 6th Ave, Delray Beach, FL 33426
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Sharon R. Bock, Clerk of Court	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>David Floyd</i>
My Comm. Expires November 12, 2017	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Eileen Hubers</i>

INFORMATION BELOW IS FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

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I hereby certify that the foregoing is a true copy
of the record in my office this day, May 30, 2014.
Sharon R. Bock, Clerk Circuit Court, Palm Beach County, Florida
By *Sharon R. Bock* Deputy Clerk



SEAL

