N0900000362

(Requestor's Name)
(Address)
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/ (City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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06/19/09--01030--017 **43.75

SECRETARY OF STATE TALLAHASSEE. FI ORIDA

Amend 6/22/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: WHOLENESS	EMPO	WER	MENT MIN	ISTRIES, INC.
DOCUMENT NU	MBER: N0900000362				
The enclosed Articl	es of Amendment and fee are subr	nitted for	filing.		
Please return all cor	respondence concerning this matte	er to the fo	ollowing	;;	
	LAVAU	GHN LE	WIS		
	(Name of C	Contact P	erson)		
	WHOLENESS EMPOW			STRIES, INC	S
	(Firm/	Company	y)		
	POST OFFICE BOX 668055				
	(Address)				
	POMPANO E	·		66	
	(City/ State	and Zip	Code)		
<u> </u>	WHOLENESSMIN E-mail address: (to be used				ion)
For further informa	tion concerning this matter, please				,
LAVAUGHN LE		at (954	_ _{) _} 553-0441	
(Nam	ne of Contact Person)		(Area C	Code & Daytim	e Telephone Number)
Enclosed is a check	for the following amount made pa	iyable to t	he Florid	da Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	ed Copy ional cop		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ām Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporation Building xecutive Center 6	s

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

ACCACIANTS ANDOOR WHOLENESS EMPOWERMENT MINISTRIES, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

1	√/A	
he new name must be distinguishable and conta bbreviation "Corp." or "Inc." <mark>"Company" or "C</mark>		ted" or the
Enter new principal office address, if applical	ole: N/A	
Principal office address <u>MUST BE A STREET A</u>	DDRESS)	
	•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	eox) N/A	
!		
. If amonding the peristand examt and/or veris		mama af 41
		name of th
new registered agent and/or the new registere	d office address:	name of th
		name of th
Name of New Registered Agent:	d office address: N/A	name of th
new registered agent and/or the new registere	d office address:	name of th
new registered agent and/or the new registered	d office address: N/A (Florida street address)	ida
Name of New Registered Agent:	d office address: N/A (Florida street address)	
Name of New Registered Agent: New Registered Office Address:	d office address: N/A (Florida street address) , Flor (City) (Z.	ida
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: When the Agent's Signature, if changing Reserved the appointment as registered agential agents.	d office address: N/A (Florida street address) , Flor (City) (Z	ida ip Code)
Name of New Registered Agent:	d office address: N/A (Florida street address) , Flor (City) (Z	ida ip Code)
Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing Reserved agential the appointment as registered agentiation.	d office address: N/A (Florida street address) , Flor (City) (Z	ida ip Code)

removed a	nd title, name, and a	address of each Offi	he title and name of eac cer and/or Director be	ch officer/director being ing added:
(Attach ada	ditional sheets, if nece	essary)		
<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
	N/A			Add
				Remove
	N/A			
				Remove
	N/A			☐ Add
		-		☐ Remove
E. <u>If amen</u>	ding of adding adding of additional sheets, if no	tional Articles, ente	r change(s) here:	
		•	ets shall be distribute	ed for one or more
exempt p	urposes within the	e meaning of sec	tion 501(c)(3) of the	Internal Revenue Code,
or the cor	rresponding section	on of any future fe	deral tax code, or sl	nall be distributed to the
federal go	overnment, or to a	state or local go	vernment, for a publ	ic purpose. Any such
assets no	t so disposed of s	shall be disposed	of by a Court of Con	npetent Jurisdiction of the
county in	which the principa	al office of the co	poration is then loca	ated, exclusively for
such purp	oses or to such o	organization or org	ganizations, as said	Court shall determine,
which are	organized and o	perated exclusive	ly for such purposes	
· · · · · · · · · · · · · · · · · · ·	**************************************			
	i i			

The date of each amendment(s) adoption: JUNE 16, 2009		
	JUNE 16, 2009 (date of adoption is required)		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.		
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.		
have	he chairman drivice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)		
	LAVAUGHN LEWIS		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

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