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(Re	questor's Name)	
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Amend Mane Chy

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COVER LETTER

NAME OF CORPORATION: SHamar PropHETS SCHOOL of MINISTRY INC.
DOCUMENT NUMBER: NO 900002625
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cecilia Maitis
(Name of Contact Person)
SHamar Prophets 1 Tinerant. Recruiting Center Inc
518 S. DISSTON GOL (Address)
Tarpon Springs 4 34689 (City/ State and Zip Code)
CUMATHIS 721 Qamail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cecilia Maths at (727) 485-5605 (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 U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$252.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section Division of Corporations

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

	, 01	1
SHamer traphets S	ichool of	Ministry INC.
(Name of Corporation as cur	rrently filed with the	Florida Dept. of State)
N040000D26	25	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation of the corp	erayn T R	ecruiling center the new ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	518 S. Tarpour	DISSTON AUC Springs 4134689
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	107 Eas	Springs 41 34689
D. <u>If amending the registered agent and/or registered new registered agent and/or the new registered offi</u>		da, enter the name of the
Name of New Registered Agent:	N	<u> </u>
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	n familiar with and acc	ept the obligations of the position. A gistered Agent, if changing
	Signature of New Ke	gisitereu rigenii, ij enunging

Page 1 of 4

7016 HAR 28 PH 4: 21

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	PT <u>John</u> V <u>Mike</u> SV Sally	Doe Jones Smith	m/A		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	/ '	<u>Addres</u> s	
1) Change					
Add					····
Remove					
2) Change				-	
Add					
Remove					
3)Change					
Add				<u></u>	
Remove				·	
4) Change					
Add				-	
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
AFTICLEITI	
THE Specific purpose for which THIS CORPORATION	I
1s organized is:	
THIS INCOrporation is organized EXCLUSIV	relu
THIS INCOrporation is organized EXCLUSIVE FOR Educational And Religious purposes	~
Including Eleemosymary Purposes	

The date of each amendment(s) adop	otion:	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will rtment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were.	
Dated	13-16	
Signature	ha mattis	
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
Cec	ilialmathis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	