

10900002746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

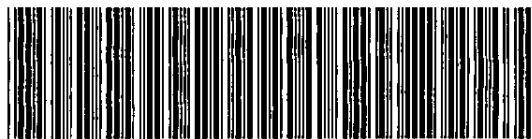
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Amey

5-14-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IRA CARES MINISTRY, INC

DOCUMENT NUMBER: N09000002746

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

Please return all correspondence concerning this matter to the following:

EMILY CAMPBELL
(Name of Contact Person)

(Firm/ Company)

332 PARKLAND AVE
(Address)

SARASOTA, FL 34232
(City/ State and Zip Code)

emily.campbell.cpa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Campbell at (941) 400-6659
(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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
2010 MAY 10 AM 11:08
TALLAHASSEE, FLORIDA

IRA CARES MINISTRY, INC.

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

N09000002746

(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 corporation:

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)

2985 BETHEL LANE

SARASOTA, FL 34240

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

2985 BETHEL LANE

SARASOTA, FL 34240

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:

JONAS YOPER

New Registered Office Address:

5514 BAHIA VISTA

(Florida street address)

SARASOTA

(City)

Florida 34232

(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.


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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>Ira McNutt</u>	<u>3641 Stokes Drive</u> <u>Sarasota, FL 34232</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>Roy Wilson</u>	<u>3641 Stokes Drive</u> <u>Sarasota, FL 34232</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres</u>	<u>Jonas Yoder</u>	<u>5514 BAHIA VISTA</u> <u>SARASOTA, FL 34232</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Ⓐ See attachment for additional officer amendment.

Ⓑ See attachment for article amendments regarding dissolution clauses.

(A)

Ira Cares Ministry, Inc.
Doc #: N09000002746
Additional amendments to Officers
Effective date: 5/5/10

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Scott Kauffman	1645 Fox Creek Dr. Sarasota, FL 34240	Add

Ira Cares Ministry, Inc.
EIN: 27-0930813
Articles of Amendment
Adopted: 5/5/10

- (A) Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- (B) Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal governments, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organizationq or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Ira Cares Ministry, Inc.
EIN: 27-0930813
Articles of Amendment
Adopted: 5/5/10

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The date of each amendment(s) adoption: 5-5-10

(date of adoption is required)

Effective date if applicable: 5-5-10

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

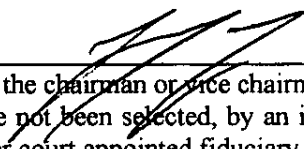
(CHECK ONE)

☒ 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 5-5-10

Signature


(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)

JONAS YODER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)