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TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Son of Man Outreach Ministries, Inc
DOCUMENT NUMBER: N0900007352
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sylvia McFadden (Name of Contact Person)
Son of Man Outreach Ministries, Inc. (Firm/Company)
2700 NW 56 Ave, # E424 (Address)
Lauderhill FL 33313 (City/ State and Zip Code)
Sylviade © Comcast. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sylvia McFadden at (954) 822-0904 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Scrifficate of Status Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & 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

Son of Man Outreach Ministries, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

(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:

he new name must be distinguishable and c bbreviation "Corp." or " Inc." <mark>"Company" (</mark>		
B. Enter new principal office address, if app Principal office address MUST BE A STREE		
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. Enter new mailing address, if applicable		
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	• •	enter the name of th
new registered agent and/or the new reg	• •	enter the name of th
Name of New Registered Agent:	istered office address:	enter the name of th

Page 1 of 3

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)

Title	Name 4.4. I	<u>Address</u>	Type of Action
<u>VP</u>	Dameon Miller	2700 NW 56 AVE # E106 Lauderhill, FL 33313	Add Remove
			_
			_ □ Add _ □ Remove
(attach add	ng or adding additional Articles, enter ditional sheets, if necessary). (Be spec e attached)	cific)	

The date of each amendment(s) adopti	ion: 9 30 10
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated 9 BU Signature	10 Acid Dickard
(By the chairr have not beer	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)
NA	Athaniel Mic Faden (Typed or printed name of person signing)
Pr	Esident (Title of person signing)



Said corporation 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 the corresponding section of any future federal tax code.

Article ______.