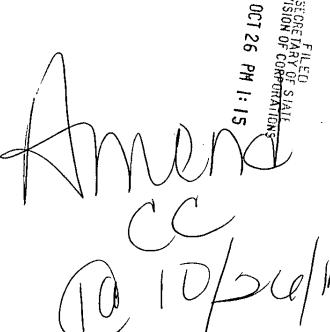
(Requestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Zelwarri	op Ministries I	Int'l, Inc.
DOCUMENT NUMBER: NO 900	0008329	· · ·
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter to the following:		
Zelda (Name of C	Ontact Person)	- Madro Anti-
Zelwarriors A	linistries Intl Company)	Inc.
5321 NW 144 (Ad	h Ave.,	
Gainesville, Florida 32605 (City/State and Zip Code)		
Zelwarrior 6 E-mail address: (to be used	2 9 MQ11. COM for bature annual report notificat	ion)
For further information concerning this matter, please call:		
Zelda Jones (Name of Contact Person)	at (<u>352)</u> <u>246-</u> (Area Code & Daytime	4186 e Telephone Number)
Enclosed is a check for the following amount made pay	able 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	Street Address	,
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporation	S
Tallahassee, FL 32314	Clifton Building 2661 Executive Center (Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



	of		· 179
Zelwarriors Mini)
(Name of Corporation as curren			<u>B</u>)
N090000	OO 8 3 2	29	
(Document Numb			
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Inc		this Florida Not For Pro	ofit Corporation adopts
A. If amending name, enter the new name of	the corporation	<u>n:</u>	
The new name must be distinguishable and cor abbreviation "Corp." or "Inc." "Company" or			porated" or the
Th. Th. 4		5800 SW, 3	7 Ath Aug
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		1.100 S.W. a	1000
(1-1.00 p.m. 03,) 000 mmm 000 <u>000 000 000 000 000 000 00</u>	<u> </u>	# 1.9	
		Gainesville, Fl.	30117
		ournesville, Fl.	JLQUI
C. Enter new mailing address, if applicable:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	. Ila n
(Mailing address MAY BE A POST OFFIC	E BOX)	5321 NW/	4 Aven
		Gainesville	F/ 37/005
		· our write	11114400
D. If amending the registered agent and/or renew registered agent and/or the new regist			r the name of the
new registered agent and/or the new regist	ered office add	11 633.	
Name of New Registered Agent:			
	58m S	11 anth Aug #1	-9
New Registered Office Address:	(Florid	.W. 20th Ave, #L da street address)	•
-	bainesvil	lleg	, Florida <u>3 260</u> 7 (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changing	g Registered Ac	gent:	
I hereby accept the appointment as registered position.	•		the obligations of the
	,		
Sig	gnature of New .	Registered Agent, if chang	ging

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>	Type of Action
TD	Rachel Bonilla	4411 Fames Woodbridge, VA 22193	_ ☐ Add ☐ Æ Remove
			_
			_
	ding or adding additional Articles, e dditional sheets, if necessary). (Be s		
DS	Melodie M. Jones	1262 Belle View	Rd. #102
Cchai	rgo of address	1262 Belle View Woodbridge, VM 2219	1
	 	Momentage, vit	
			** ===== · · · · · · · · · · · · · · · ·
			
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The date of each amendment	(s) adoption: // Claber 20, 2000
	(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/wer 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 madopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
have	the chairman or vice chairman of the board, president or other officer-if directors in not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary) Angel CINHON (Typed or printed name of person signing) Augusta
	(Title of person signing)