N09000008790

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | ; #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) - |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
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SECRETARY OF STATE

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Anend There's 6-1-D



May 20, 2010

WENDI BRYANT WHOLE EARTH MINISTRIES, INC. P. O. BOX 8153 DELRAY BEACH, FL 33482-8153

SUBJECT: WHOLE EARTH MINISTRIES, INC.

Ref. Number: N09000008790

We have received your document for WHOLE EARTH MINISTRIES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 410A00012823

Thelma Lewis
Document Specialist Supervisor

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Whole Earth I | Ministries, Inc. | |
|-------------------------|--|---|---|
| DOCUMENT NUM | IBER: N0900008790 | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | espondence concerning this ma | tter to the following: | |
| | | endi Bryant | |
| | (Name o | f Contact Person) | |
| | Whole Ea | rth Ministries, Inc. | |
| 2010 HAY 20 AH 8: L | (Firm | n/ Company) | |
| | РО | Box 8153 | |
| は、 | (| Address) | |
| | Delrav Beach | , Florida 33482-8153 | |
| | | ate and Zip Code) | |
| | wholeeart | hminis@aol.com | |
| | | ed for future annual report notific | cation) |
| For further information | on concerning this matter, pleas | se call: | |
| Wendi Bryant | | at (601) 672-03 | 40 |
| | of Contact Person) | at \ | ime Telephone Number) |
| Enclosed is a check f | or the following amount made 1 | payable to the Florida Departmen | nt 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) |
| | ing Address ndment Section | Street Address Amendment Section | ŕ |
| | tion of Corporations | Amendment Section Division of Corporat | ions |
| | Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | | 2661 Executive Cent | er Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2010 HAY 28 P 4: 43

| Whole Earth Ministrie | es, Inc | |
|---|---|----------------|
| (Name of Corporation as currently filed with | the Florida Dept. of State CRETARY | OF STATE |
| N09000008790 | | C / COMO |
| (Document Number of Corporat | tion (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation | , , | on adopts |
| The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no | | the |
| B. Enter new principal office address, if applicable: | 1529 Meadows Circle West | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Boynton Beach, Florida | |
| | 33436 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | PO Box 8153 | |
| | Delray Beach, Florida | |
| | 33482-8153 | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent: Erv | | <u>f the</u> |
| | a Floresta Drive | |
| New Registered Office Address: (Flor | rida street address) | |
| B | Soca Raton , Florida 334 (City) (Zip Code, | <u>.87</u> |
| position. | | |

Page 1 of 3

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> | Address | Type of Action |
|--------------|--|---|-------------------|
| Sec | Vanessa E. Vargas | 1529 Meadows Circle West Boynton Beach, Florida 33436 | |
| | | | |
| | <u></u> | | _ |
| (attach a | ding or adding additional Articles, edditional sheets, if necessary). (Be see that the Ministries, Inc. is organized). | pecific) | ooses, including |
| for such p | ourposes, the making of distribut | ions to organizations that qualif | y as exempt |
| under sec | tion 501(c)(3) of Internal Reven | ue Code, or corresponding sect | ion of any future |
| federal ta | x code. | | |
| b. see atta | ached | | |
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Continuation

b) Upon the dissolution of the organization, assets shall be distributed for one of 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 government, 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 Please of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

| The date of each amendment(s) adoption: March 1, 2010 | | |
|---|---|--|
| Effective date if applicable: | (date of adoption is required) March1, 2010 | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. | |
| There are no members or adopted by the board of di | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. | |
| Dated_May | 17,2010 | |
| Signature _ | | |
| (By | the chairman or vice chairman of the board, president or other officer-if directors in the not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) | |
| | Wendi Bryant | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |

Page 3 of 3