

N09000001821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

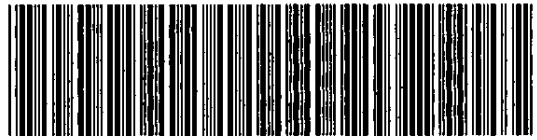
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 22 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2009

BARBARA BRIGLIO
3263 NW 61ST STREET
BOCA RATON, FL 33496

SUBJECT: THE SPIRITUAL MISSION INC.
Ref. Number: N09000011821

We have received your document for THE SPIRITUAL MISSION INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L03000008840 - 8TH STREET MISSION, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 809A00038655

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Spiritual Mission Inc.

DOCUMENT NUMBER: NO9000011821

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

Please return all correspondence concerning this matter to the following:

Barbara Briglio
(Name of Contact Person)

(Firm/ Company)

3263 NW 61st Street
(Address)

Boca Raton, FL 33496
(City/ State and Zip Code)

BFINIZIO57@AOL
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Briglio at (561) 994-9131
(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 checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

The Spiritual Mission Inc.

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

NO9000011021

(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:

8th Street Mission Inc.

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**)

N/A - no change

200 SE 8th Street
Ft Lauderdale, FL 33316

No change
same

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

N/A - no change

Barbara Briglio
3263 NW 61st Street
Boca Raton, FL 33494

No change
same

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:

N/A - Name of New Registered Agent:

NO
change New Registered Office Address:

_____ (Florida street address)

_____, Florida
(City) (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.

N/A
NO
change

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: 12/11/09
(date of adoption is required)
 Effective date if applicable: 12/11/09
(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 12/11/09

Signature Paul Finizio
(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)

Paul Finizio
(Typed or printed name of person signing)

President and Director
(Title of person signing)