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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF COR	PORATION: TURN AROU	ND MINISTRY, INC.	-1150
DOCUMENT N	UMBER:		·
The enclosed Arti	cles of Amendment and fee are su	ibmitted for filing.	
Please return all c	orrespondence concerning this ma	atter to the following:	
_	Herberta M. S		
	(Name o	of Contact Person)	
	Turn Around Ministry, Inc.		
	(Fir	m/Company)	
	3570 Northgate Drive, Apt. 10		
		(Address)	<del></del>
	Kissimme	e, Florida 34746	
_	(City/ St	ate and Zip Code)	<u> </u>
M-Pfilaman		tfl@cfl.rr.com ed for future annual report notific	cation)
For further inform	ation concerning this matter, pleas	se call:	
Herb	erta M. Smith	at (.407 ) 932-5:	207
(Na	ne of Contact Person)	(Area Code & Dayti	ime Telephone Number)
Enclosed is a chec	k for the following amount made	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)
	ailing Address nendment Section	Street Address Amendment Section	,
Division of Corporations		Division of Corporati Clifton Building	ons
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center	er Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TURN AROUND MINISTRY, 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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Kissimmee, FL 34745 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: New Registered Office Address: (Florida street address) (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

Signature of New Registered Agent, if changing

position.

## 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>	Name	Address	Type of Action
	-		Add Remove
			Add Remove
			☐ Add ☐ Remove
	dditional sheets, if necessary)	rticles, enter change(s) here: . (Be specific) LUTION OF THE CCRPORATION	ON
Upon		or winding up of this	
its	assets remaining a	after payment, or provi	sion for
paym	nent, of vall debi	ts and liabilities of t	he Corporation,
shal	.1 be distributed	to a not for profit fund	d, foundation
or c	corporation which	is organized and operate	ed exclusively
for	charitable purpose	es and which has establ	ished its tax
exem	npt status under Se	ection 501(c)(3) of the	Internal Revenue
Code	of 1986, as amend	ded, or corresponding p	rovisions of any
subs	equent federal tax	c laws.	
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The date of each amendment(s) adoption:	November 5, 2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	
(no mor	e than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CH</u>	ECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
There are no members or members entitled t adopted by the board of directors.	o vote on the amendment(s). The amendment(s) was/were
Dated November 9,	2010
ρ.	
Signature Steelers	k h Smith
(By the chairman or v have not been selecte	ice chairman of the board, president or other officer-if directors d, by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)
	erta M. Smith
(Тур	ed or printed name of person signing)
Di:	rector
•	(Title of person signing)

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