## N1000000 7623

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SECRETARY OF STATE

TBKW) 11-3-1

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The Little Flow	ver Media Inc.	- 1994 The Control of
DOCUMENT NUMBER: N10000007623		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Robert Taormina		
(Nam	e of Contact Person)	· · ·
(	Firm/ Company)	····
1058 Nash Drive	,	
	(Address)	····
Celebration, Florida 34747		
	State and Zip Code)	
rtofficemail@aol.com মুহ্মু নামান চুল্ল ভাল E-mail address: (to be	used for future annual report notif	fication)
For further information concerning this matter, p	lease call:	
(game or game) <b>Robert Taormina</b>	at (800) 294-90	158
(Name of Contact Person)		rtime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Departm	ent of State:
☑\$35 Filing Fee□\$43.75 Filing Fee & uous Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
Mailing Address	Street Address	is enclosed)
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corpora	itions
Tallahassee, FL 32314	Clifton Building 2661 Executive Cer	nter Circle

Tallahassee, FL 32301

## **Articles of Amendment** to of

TALLAHASSEE OF STATE **Articles of Incorporation** (Name of Corporation as currently filed with the Florida Dept. of State

The Little Flower Media Inc.

N10000007623

(Document Number of Corporation (if known)

ittle Flower Ministry Inc.		
e new name must be distinguishable and breviation "Corp." or " Inc." <u>"Company"</u>	contain the word "corporation" of or "Co." may not be used in the no	r "incorporated" or the i <u>me</u> .
Enter new principal office address, if aprincipal office address MUST BE A STRE		<del></del>
Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF		
If amonding the pagistaned exect and/one		
If amending the registered agent and/or new registered agent and/or the new reg		la, enter the name of the
		la, enter the name of the
new registered agent and/or the new reg		
<u>Name of New Registered Agent:</u>	gistered office address:	, Florida
<u>Name of New Registered Agent:</u>	gistered office address:	
<u>Name of New Registered Agent:</u>	(Florida street address)  (City)  ting Registered Agent:	, Florida (Zip Code)

ature of New Kegistered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	Name		Address	
1)		<del></del>		*****
2)				
3)				
4)				
5)				
6)	<del></del>			
If REMOVING an removed:	officer and/or director, plea	se list the title(s) a	nd name of the officer/	director to be
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1)		4)		· <del>·····</del>
(2)		5)		
3)		6)		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
:	
	•
1989	
4	
• (	

The date of each amendment(s)	adoption: October 28, 2011
	(date of adoption- required)
Effective date if applicable:	
(n	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated October  Signature (By the	28, 2011  chairman or vice chairman of the board, president or other officer-if directors
	ot been selected, by an incorporator – if in the hands of a receiver, trustee, of ourt appointed fiduciary by that fiduciary)
R	Robert Taormina
	(Typed or printed name of person signing)
T	reasurer
	(Title of person signing)

Page 4 of 4

Jan Language Brown & State Bro