

N100000007819

(Requestor's Name)

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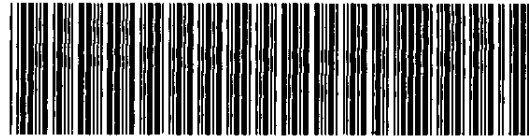
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
11 OCT 31 PM 1:57

Amend  
@ 10/31/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** American Medical Missionaries, Inc.

**DOCUMENT NUMBER:** N10000007819

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

Please return all correspondence concerning this matter to the following:

Brian Stuart

(Name of Contact Person)

American Medical Missionaries, Inc.

(Firm/ Company)

70 W. Huron Ave. Unit 304

(Address)

Chicago, IL 60654

(City/ State and Zip Code)

brian.stuart1015@gmail.com

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

For further information concerning this matter, please call:

Brian Stuart

(Name of Contact Person)

at ( 305 ) 301-2763

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable 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**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

American Medical Missionaries, Inc.

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

N10000007819

(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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:*

Brian Stuart

*New Registered Office Address:*

822 Galiano Way #9

*(Florida street address)*

Miami

*(City)*

, Florida 33134

*(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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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**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>                            | <u>Type of Action</u>  |
|--------------|-----------------------|---|--|
| Dr           | Matthew Cerniglia     | 8 Colonial Court<br>Trophy Club, TX 76262 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| Dr           | Raymond L. Smith, DPM | 1404 East 9th Street<br>Edmond, OK 73034  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

Due to the length of the changes, please see attached subsequent pages. Article III has been changed by including subsections a, b, and c which is pursuant to current Internal Revenue Code for all Non-profit organizations seeking tax exemption under 501 (c) (3).

**Article III section (a):**

**American Medical Missionaries, Inc.** is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**Article III section (b):**

No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**Article III section (c):**

Upon the dissolution of the organization, assets shall be distributed for one or 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 Pleas 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.

**Article V**

The name and Florida street address of the registered agent is:

Brian Stuart  
822 Galiano Way #9  
Miami, FL 33134

**Section D**

Please change the "**address only**" of Dr. Scott Denisar:

**From:** Dr. Scott Denisar, DPM  
8 Colonial Court  
Trophy Club, TX 76262

**To:** Dr. Scott Denisar, DPM  
777 East 15<sup>th</sup> Street Apt. 329  
Edmond, OK 73013

The date of each amendment(s) adoption: August 25th, 2011

Effective date if applicable: August 25th, 2011  
(date of adoption is required)  
(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 August 25th, 2011

Signature Brian Stuart  
(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)

Brian Stuart  
(Typed or printed name of person signing)

VP Finance & Co-Chairman of Board of Directors  
(Title of person signing)