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TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Shannon Culp	epper Ministries, Inc.		
DOCUMENT NUI	мвек: <u>N11000000553</u>			
The enclosed Articl	es of Amendment and fee are sub	nitted for filing.		
Please return all con	rrespondence concerning this matte	er to the following:		
		n Culpepper		
	(Name of	Contact Person)		
		epper Ministries, Inc	· · · · · ·	
	· ·	(Company)		
	347 A	corn Drive		
		ddress)		
	· (1) p.	• .,		
	Longwoo	od, FL 32750		
	(City/ State	e and Zip Code)		
	E-mail address: (to be used	Ipepperministries.com For future annual report notific	ation)	
For further informat	tion concerning this matter, please	call:		
Shannon Culpe	oper	at (407) 310-909 (Area Code & Daytin	0	
(Nam	e of Contact Person)	(Area Code & Daytin	ne Telephone Number)	
Enclosed is a check	for the following amount made pa	yable to the Florida Departmen	t 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)	
	iling Address endment Section	Street Address Amendment Section		
	ision of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	n Cinala	
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment Articles of Incorporation

Shannon Culpepper Ministries (Name of Corporation as currently filed with the Florida Dept. of State) N11000000553

(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorpora		For Profit Corporation adopts
A. If amending name, enter the new name of the col	rporation:	
The new name must be distinguishable and contain to abbreviation "Corp." or "Inc." "Company" or "Co."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. position.		accept the obligations of the
Signature	e of New Registered Agent,	if changing

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
Presid	Shannon Culpepper	347 Acorn Drive Longwood, FL 32750	☑ Add ☐ Remove
			Add Remove
			
(attach ad	ling or adding additional Articles, edditional sheets, if necessary). (Be started to the sheets) (Be s	pecific)	e or more evemnt
	within the meaning of section 5		
· · · · · · · · · · · · · · · · · · ·			
correspon	ding section of any future feder	al tax code, or shall be distrib	uted to the federal
governme	nt, or to a state or local governr	nent, for a public purpose.	
Article X			
No part of	the net earnings of the corpora	tion shall inure to the benefit (of, or be distributable
to it's men	nbers, trustees, officers, or othe	r private persons, except that	the corporation
shall be a	uthorized and empowered to pa	y reasonable compensation f	or services
rendered	and to make payments and dist	ributions in furtherance of the	purposes set forth in
these artic	cles. No part of the activities of t	he corporation shall be the ca	arrying on of
propagan	da, or otherwise attempting to in	nfluence legislation, and the c	orporation shall not
participate	e in, or intervene in any political	campaign on behalf or in opp	osition to any
candidate	for public office. This corporation	on shall not engage in any act	tivities or exercise any
any powe	rs that are not in furtherance of	the purposes of this corporati	on.

The date of each amendmen	t(s) adoption: 02/01/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
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.
Signature (By hav	tember 15, 2011 The chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Shannon Culpepper (Typed or printed name of person signing)
	President/Director
	(Title of person signing)