N1000003046

(Re	equestor's Name)	
, (Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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8/4/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: American Hon	neless	Intervention Pr	rogram Ministries
DOCUMENT N	UMBER: N11000003046	· · · · · ·		
The enclosed Arti	icles of Amendment and fee are sub	mitted for	filing.	
Please return all c	orrespondence concerning this mat	ter to the f	following:	
		muel Mill		
	(Name of	Contact P	'erson)	
	merican Homeless Interventi	on Progi	ram Ministries for	r Youth, Inc.
	(Firm	/ Compan	y)	
	7000 D	dean Oal	. Daine	
_	7892 Bro	Address)	CDrive	<u> </u>
	ζ,	tuui C33)		
	Sneads,	Florida	32460	
	(City/ Star	te and Zip	Code)	
	ahiministri	iaa@yah		
-	ahiministri E-mail address: (to be use			fication)
For further inform	nation concerning this matter, please	e call:		
	Samuel Mills	at (850	661-7322
(Na	me of Contact Person)	((Area Code & Day	ytime Telephone Number)
Enclosed is a chec	ck for the following amount made p	ayable to	the Florida Departm	ent of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)	 \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M</u>	lailing Address		Street Address	•
	mendment Section ivision of Corporations		Amendment Section Division of Corpora	
	O. Box 6327		Clifton Building	metoring.
	allahassee, FL 32314		2661 Executive Ce	nter Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

·	,	TOLL MOR 24 PM 1:
American Homeless Intervention	Program Ministries f	or Youth Inc.
(Name of Corporation as currently file	d with the Florida Dept. of	STATEL LAHASSEF, FLOR
N1100000		(at
(Document Number of C		44
(Boundaries values of C	orporation (it into viii)	
ursuant to the provisions of section 617.1006, Florida see following amendment(s) to its Articles of Incorporate		or Profit Corporation adopts
. If amending name, enter the new name of the cor	poration:	4
The new name must be distinguishable and contain the best of the contain the best of the contain the best of the contain the c		
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR		
Thicipul Office dudiess MOST BE A STREET ADDR	<u></u>)	
		
Enter new mailing address, if applicable:	1	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<i></i>	
		<u> </u>
•		
 If amending the registered agent and/or registered new registered agent and/or the new registered of 		enter the name of the
	nee address.	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	•	. Florida
	(City)	(Zip Code)
Desirated Access Company 18-1	A	
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. osition.		eccept the obligations of the
Signature	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>	<u>Address</u>	Type of Action
			□ Add. □ Remove
(attach a	ding or adding additional Artic dditional sheets, if necessary). - Purpose	es, enter change(s) here: (Be specific)	
Organized	d exclusively for charitable,	religious, educational, and so	cientific purposes,
including	for such purposes, the maki	ng of distributions to organiz	ations that quality as
exempt or	rganizations under section 5	01c3 of the Internal Revenue	e Code, or
correspon	ding section of any future ta	x code. Upon dissolution of	the organization, assets
shall be d	istributed in accordance with	n the organization's by-laws	and for one or more
		of section 501c3 of the Intern	
 	· · · · · · · · · · · · · · · · · · ·	deral tax code, or shall be di	
		overnment, for a public purpo	
		county in which the principal	
		urposes of to such organizat	
		organized and operated exc	
		neless Intervention Program	
<u> </u>		along with helping them me	
needs, en	npower them, monitor, and t	decrease youth homelessnes	as in our society.

The date of each amendmen	t(s) adoption: 7/25/11
Effective date <u>if applicable</u> :	(date of adoption is required) 7/25/11
	(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.
Dated_7/25	Samuel Mills
(By hav	the chairman or vice chairman of the board, president or other officer-if directive not been selected, by an incorporator — if in the hands of a receiver, trusted er court appointed fiduciary by that fiduciary)
	Samuel Mills
	(Typed or printed name of person signing)
	PRESIdeNT
,	(Title of person signing)

Page 3 of 3