(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amendice 8/1/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hellfighters N	<i>M</i> inistries	s of Chipley Inc
DOCUMENT NUMBER: N11000006255	5	
The enclosed Articles of Amendment and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	following:	
Richard Burke		
(Name	of Contact Person	n)
Hellfighters Ministries of Chi	ipley Inc	
(F	irm/ Company)	
P O Box 596		
	(Address)	
Chipley, FL 32428		
(City/ s	State and Zip Cod	e), (11, 21, 21, 21, 21, 21, 21, 21, 21, 21,
luburke@yahoo.com		na i gwegsin ng kisi. Ting tin
E-mail address: (to be used for fut	ure annual report	notification)
For further information concerning this matter, please call:		
Richard Burke	_{at (} 850	ode & Daytime Telephone Number)
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	o the Florida Depa	artment of State:
		□\$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	Ameno Divisio Cliftor 2661 I	Address Idment Section on of Corporations on Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

reinignters iviinistries of Unipley inc	<u> </u>	
(Name of Corporation as currently filed with the FI	lorida Dept. of State)	
N11000006255	•	
(Document Number of Corpo	oration (if known)	
rsuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the follo	wing
If amending name, enter the new name of the corpora	ation:	
I/A	Tha	e new
me must be distinguishable and contain the word "corport Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "li	
Enter new principal office address, if applicable:	N/A	
rincipal office address MUST BE A STREET ADDRESS	<u>S</u>)	
D. (19) and describe the	TO THE RESERVE TO THE	75.0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A ====================================	7
·	2	َ 'َ
		9
		ري
If amending the registered agent and/or registered off	N/A Sfice address in Florida, enter the name of the eaddress:	2
new registered agent and/or the new registered office	address:	
Name of New Registered Agent: N/A		
	(Florida street address)	
ew Registered Office Address:		
N/A	, Florida	<u> </u>
(City	(Zip Code)	
w Registered Agent's Signature, if changing Registere	ed Agent:	
vereby accept the appointment as registered agent. I am f		
Signature of New Reg	gistered Agent, if changing	

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		N/A		
Add				
Remove				
2) Change		N/A		·
Add				
Remove		N1/A		
3) Change		<u>N/A</u>		
Add				
Remove		•		
4) Change		N/A		
Add				
Remove				
5) Change		<u>N/A</u>		
Add				
Remove				
6) Change		N/A		
Add				
Remove			D 2 . C.4	

Ē.	If amending or adding	additional Articles	, enter change(s) here:
	(attach additional sheets	if necessary) (R	e specific)

Article IX

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 a court of
competent jurisdiction in 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.
,

The date of each amendment(s) adoption: 6/26/20/2	
Effective date if applicable: 4/24/20/2	
(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 1/23/20/2	
Signature	
(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)	
Richard Burke	
(Typed or printed name of person signing)	
President	
(Title of person signing)	