# N12000001415

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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: JM WORLD MISSION MINISTRIES INC. N 12000001415 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: M WORLD MISSION MINISTRIES INCO 320 plumwood CIR KISSIMME Fl. 34743
(City/ State and Zip Code) For further information concerning this matter, please call: Person) at (7/07) 34/1-0109 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **2**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(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

Certified Copy

(Additional Copy is Enclosed)

# Articles of Amendment to Articles of Incorporation

1.1.1.11	01			
_ ) M WORLD MISSION A	MINISTRIES, INC.		_	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)			
N 1200000 14 15	<u> </u>	···		
(Document Number of Con	rporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporat</i>	ion adopts the	followi	ing
A. If amending name, enter the new name of the corporation	on:			
PHE. World Missing N	linistries inc		The ne	ettal
name must be distinguishable and contain the word "corporati		ition "Corp."		
"Company" or "Co." may not be used in the name.	/			
B. Enter new principal office address, if applicable:	AJ/A		_	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )				
•	<del></del>	12/11	7	
			- پـ	
C. Enter new mailing address, if applicable:	álin		IM 2	=
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			7	111
_		<del></del>	32	Ö
			÷	
	<u></u>		3 <b>5</b>	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		of the		
	id1033.			
Name of New Registered Agent:	N/A	•		
<del></del>				
New Registered Office Address:	Florida street address)			
	T1: 4-			
(City)	, Florida	(Zip Code,	)	
·		(-1 )	,	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		the position.		
		•		
Signature of New R	Registered Agent, if changing			

Page 1 of 4

address of each Office (Attach additional sheet Please note the officer/of P = President; V = Vice Executive Officer; CFO	mending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and eess of each Officer and/or Director being added: sch additional sheets, if necessary) see note the officer/director title by the first letter of the office title:  President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief utive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office President, Treasurer, Director would be PTD.			
	eaves the corpo	ration, Sally Smith is named the	t is listed as the PST and Mike Jones is listed as the V. There is V and S. These should be noted as John Doe, PT as a Change,	
Example: X Change X Remove X Add	<u>V</u> <u>M</u> i	nn Doe ke Jones lly Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove 2) Change Add Remove 3) Change Add Remove 4) Change Add Remove 5) Change Add Remove Add Remove Add Remove Add Remove Add		<u></u>		
Remove 6) Change Add				

\_\_ Remove

(attach additional sheets, if necessary).	(Be specific)			
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	The date of each amendment(s) adoption:	
uatt	this document was signed.	
Eff	ective date <u>if applicable</u> :	<del></del>
	(no more than 90 days after amendment file date)	
Ade	option of Amendment(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
)XĮ	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 1/22/2014	
	Signature Court A Masens	
	By the obtairman 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)	
	JORGEA MORFALO	
	(Typed or printed name of person signing)	
	Pres d Dieutor	
	(Title of person signing)	