## N13000003113

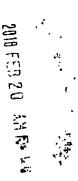
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## **COVER LETTER**

Division of Corporations		•	
NAME OF CORPORATION: FAIth	Healea	re Services	Inc.
DOCUMENT NUMBER: <u>N130000</u>	03113		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		201
Marie L. FElix	Lucius		2018 FEB 2
FAIth Healthcare:	Sorvices	Inc	20 20 20 20 20 20 20 20 20 20 20 20 20 2
18002 Richmond		,	5" &.
Tampa, FL 3364			- <del></del>
Lusthaf @ 4a) E-mail address: (ub ye use			
For further information concerning this matter, please	e call:	_	
Mane L. FElix Lucius (Name of Contact Person	<del></del>	786)326-56 Area Code) (Daytime Teleph	594 none Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	partment of State:	
\$35 Filing Fee	□\$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	Amer	t Address adment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation

	•	Articles of Incorporation	t a 1 Kita
-in 1	1 110	of	<b>5</b>
HITTH 1	kalth care	Services Inc.	9018 FER 20 14 Fm L
•	(Name of Corporation as	currently filed with the Florida D	Pept. of State)
	N130000	0 31/3	
	(Documen	t Number of Corporation (if known)	)
ursuant to the provisions nendment(s) to its Article		Statutes, this Florida Not For Proj	fit Corporation adopts the following
	ter the new name of the co		
FEED	The Child	dren Ministrie	5 Inc. The new
ime must be distinguisha	ble and contain the word "c not be used in the name.	corporation" or "incorporated" or	the abbreviation "Corp." or "Inc."
ompuny or co. muy	not be used in the name.	1212 604	- Fletcher Av
	ffice address, if applicable	* <del></del>	TELEBET AV
rincipal office address <u>l</u>	<u>MUST BE A STREET ADD</u>	15t Floor	
			77/27
		TamPa, FL	23637
Enter new mailing ac (Mailing address MA)	ldress, if applicable: Y BE A POST OFFICE BO	x Same as	above
If amending the regis	tered agent and/or register	ed office address in Florida, enter	r the name of the
	and/or the new registered		
Name of	New Registered Agent:	N//	9
	<u>-</u>		
<u>New Re</u>	gistered Office Address:	(Florida s	street address)
		(City)	, Florida (Zip Code)
		(Cuy)	(Lip Code)
	Signature, if changing Reg		
ereby accept the appoin	tment as registered agent.	l am familiar with and accept the o	bligations of the position.
		NIA	
		Signature of New Registered	Agant 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)

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	PT John Do Y Mike Jo SV Sally Si	ones / V / 77	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove			
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
New PurPose of the Organization:
FEED the Children Ministries Inc.
is Committed to assist Local and International
underbriviledged children and their families,
the orthans, and homeless with the gift of education, nutrition, healthcare and Spiritua
needs.

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	mendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s adopted by the board of directors.	) was/were
Dated $\frac{2/13/2018}{2}$	
Signature M	· · · · · · · · · · · · · · · · · · ·
(By the chairman or vice chairman of the board, president or other officer have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
Marie L FE/ix Lucius (Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	