| (Requestor's Name)<br>(Address)<br>(Address) | 800330234438  |  |  |
|--|---|--|--|
| (City/State/Zip/Phone #)                     | 06/13/1901007023 ★*43.75  |  |  |
|  |   |  |  |
| (Business Entity Name)                       |   |  |  |
| (Document Number)                            |   |  |  |
| Certified Copies Certificates of Status      |   |  |  |
| Special Instructions to Filing Officer:      | <b>FILED</b><br>2019 JUN 13 AH 8:36<br>SECRETARI OF JIVE<br>TALLAHASSEE, FL |  |  |
| Office Use Only                              |   |  |  |
|  | JUN 2 4 2019<br>C Kinsey  |  |  |

# COVER LETTER

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| TO: Amendment Section    |  |  |  |  |  |
|--------------------------|--|--|--|--|--|
| Division of Corporations |  |  |  |  |  |

•

| The Carpenter's Work NAME OF CORPORATION:   | Ministries   |   |  |
|---|--|---|--|
| N13000003179<br>DOCUMENT NUMBER:  |  |   |  |
| The enclosed Articles of Amendment and fee are submi  |  |   |  |
| Please return all correspondence concerning this matter   | to the following:  |   |  |
| Sidney Louis  |  |   |  |
| (   | Name of Contact Pe   | erson)  |  |
| The Carpenter's Work Ministries, Inc.   |  |   |  |
|   | (Firm/ Company   | ·)  |  |
| PO BOX 1586   |  |   |  |
|   | (Address)  |   |  |
| Deerfield Beach, FL 33443   |  |   |  |
| ()  | City/ State and Zip (  | Code)   | ······································                             |
| carpentersworkministries@outlook.com  |  |   |  |
| E-mail address: (to be used f   | or future annual rep   | ort notification  | )  |
| For further information concerning this matter, please ca   | all:   |   |  |
| Sidney Louis  | at   | 954   | 588-9612   |
| (Name of Contact Person)  |  |   | (Daytime Telephone Number)   |
| Enclosed is a check for the following amount made pays  | uble to the Florida E  | Department of S   | State:   |
| □ \$35 Filing Fee ★ <b>S</b><br>Certificate of Status   | 3843.75 Filing Fee<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certifi<br>s Certifi  | ) Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |
| <u>Mailing Address</u><br>Amendment Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 | An<br>Div<br>Cli<br>260  | reet Address<br>tendment Section<br>vision of Corpo<br>fton Building<br>51 Executive Co<br>llahassee, FL 32 | rations<br>enter Circle  |

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### THE CARPENTER'S WORK MINISTRIES, INC.

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### (Name of Corporation as currently filed with the Florida Dept. of State)

| N13000003179  |  |   |  |  |
|---|--|---|--|--|
| (Document Nur   | nber of Corporation (if known)                 |   |  |  |
| Pursuant to the provisions of section 617.1006, Florida Stati<br>imendment(s) to its Articles of Incorporation:                     | utes, this <i>Florida Not For Profit Corpo</i> | ration adopts the following                             |  |  |
| A. If amending name, enter the new name of the corpor-  | ation:   |   |  |  |
| N/A   |  | The new   |  |  |
| ame must be distinguishable and contain the word "corport"<br>"Company" or "Co." may not be used in the name.                       | ration" or "incorporated" or the abbre         | viation "Corp." or "Inc."                               |  |  |
| 3. Enter new principal office address, if applicable:   | N/A  |   |  |  |
| Principal office address <u>MUST BE A STREET ADDRES</u>   | ( <u>8</u> )                                   |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
| 2. <u>Enter new mailing address, if applicable:</u><br>(Mailing address <u>MAY BE A POST OFFICE BOX</u> )                           | PO BOX 1586                                    |   |  |  |
|   | Deerfield Beach, FL 33443                      |   |  |  |
|   | · · · · · · · · · · · · · · · · ·              | SE 20   |  |  |
|   | ······   |   |  |  |
| <ol> <li>If amending the registered agent and/or registered of<br/>new registered agent and/or the new registered office</li> </ol> |  | ne of the A   |  |  |
| N/A   |  |   |  |  |
| <u>Name of New Registered Agent:</u>  | • · · · · · · · · · · · · · · · · · · ·        |   |  |  |
|   | (Florida street addre                          | $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ |  |  |
| <u>New Registered Office Address</u> :  | p in the street date.                          | " Fi <b>G</b>   |  |  |
|   |  | . Florida   |  |  |
|   | (City)   | (Zip Code)  |  |  |

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

#### e de la companya de l

# If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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:<br><u>X</u> Change<br><u>X</u> Remove<br><u>X</u> Add | <u> </u>     | n Doe<br>te Jones<br>y Smith |                            |
|--|--------------|------------------------------|----------------------------|
| <u>Type of Action</u><br>(Check One)                           | <u>Title</u> | Name                         | <u>Addres</u> s            |
| 1) Change  | S            | ALINE CIREUS                 | 540 NW 4TH AVE - APT. 2407 |
| Add  |              |                              | FT. LAUDERDALE. FL 33311   |
| X Remove   |              |                              |                            |
| 2) Change  | S            | TRACY LORISTON               | 7911 N Colony Cir Apt 207  |
| X Add  |              |                              | Tamarac, FL 33321          |
| Remove   |              |                              |                            |
| 3 ) Change   |              |                              |                            |
| Add  |              |                              |                            |
| Remove   |              |                              |                            |
| 4) Change  |              |                              |                            |
| Add  |              |                              |                            |
| Remove   |              |                              |                            |
| 5) Change  |              |                              |                            |
| Add  |              |                              |                            |
| Remove   |              |                              |                            |
| 6) Change  |              | ·                            |                            |
| Add  |              |                              |                            |
| Remove   |              | Page 2 of 4                  |                            |

| E. <u>If amending or adding additional Art</u><br>(attach additional sheets, if necessary). | (Be specific) |   |                |
|---|---------------|---|----------------|
| N/A   |               |   |                |
|   |               |   |                |
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Page 3 of 4

| • | • | • | •        |     |
|---|---|---|----------|-----|
|   |   |   | 06/07/20 | )19 |

## The date of each amendment(s) adoption:

date this document was signed. N/A

Effective date <u>if applicable</u>:

(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

6/9/2019 Dated 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)

Sidney Louis

(Typed or printed name of person signing)

President

(Title of person signing)