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DEPARTMENT OF SIAI

MAR 02 2017 R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations		Λ
NAME OF CORPORATION: <u>Hephy</u>	ribah In	ternational Minis
DOCUMENT NUMBER: W/300003	,	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Erra Morris		,
	(Name of Contact Person	1)
Hephribal Interi	rational	N Jinstries
	(Firm/ Company)	
318 Woods AVE S	$\omega$	
_	(/(44/033)	
Live Oak Hoxida	. 32064	
	(City/ State and Zip Cod	e)
Camperis 50 @ 911	Tail Com Tor future annual report	notification)
		·
For further information concerning this matter, please	call:	
Era Marris	at ( 386	688-7835
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State;
\$35 Filing Fee \$\sum \text{S43.75 Filing Fee & Certificate of Status}\$	□\$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		Address
Amendment Section Division of Corporations		dment Section on of Corporations
P.O. Box 6327		n Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

41.32.2

1/- 1 / 1 /	Articles of Amendm	ent .'		
Hephzi-bah	to Articles of Incorpora	ition	**	* <u>*</u> 1
Hephzi-bah  [Name of Corporation as currently filed w	-national	Ministri	7 HAR -2/PH	12:00
112 m 2183 N/3	300000318	,	Company Services	. * 7
(Document Number	of Corporation (if known			
Pursuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Not For Profit Corpora	ation adopts the fo	ollowing
A. If amending name, enter the new name of the	e corporation:			
Nephzibah Inter	national	11 instrie	sixho:	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		rporated" or the abbrev	iation "Corp." or	· "Inc."
3. Enter new principal office address, if applica		<del></del> _		•
Principal office address <u>MUST BE A STREET A</u>	(DDRESS)			
				•
•				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROY	•		
Comming with the STATE STATES OF THE	<u> </u>	<del></del>	<del></del>	•
	<del></del>			
State of the state	<del></del>		7	•
D. If amending the registered agent and/or regi	stered office address in	Florida, enter the name	e of the	•
new registered agent and/or the new register	red office address:			
Name of New Registered Agent:			Tylin dash	
,		·		•
	(Florida street ad	ddress)		
New Registered Office Address:				
,· 		, Florida _		
	(City)	(Zip Co	nde)	
New Registered Agent's Signature, if changing	Registered Agent:		` .	
hereby accept the appointment as registered ager		nd accept the obligations	of the position.	
Signature of	New Registered Agent, i	fchanging		
Ç				

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>V</u> <u>Mil</u>	in <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	80 Od	Yvonne Jackson	Willing boro NG 08046
Add			
X Remove			
2) Change	OT M	harraine Seaberry	314 Yones St. Somerville, Tenn 38068
-X Remove			
3) Change	· .	Mary Lon Deibert	1528 8. 45th ave & 4222
<del>_</del>		•	·
Remove			
4) Change			
Add			
Remove	•		
5) Change		·	·
Add			
Remove			
δ)Change	. <u></u>		· .
Add			
Remove		•	

(attach additional sheets, if necessary)	rticles, enter char ). (Be specific)	•	
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The date of each amendment(s) adoption:
Effective date if applicable:
(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 3/2/17
Signature Loka Morris
(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)
ERA MORRIS
(Typed or printed name of person signing)  President
(Title of person signing)