# N1300000000

(Re	questor's Name)	<u>.                                    </u>
	dress)	
(***	,	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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2018 OCT 29 AM II: 5

C. GOLDEN NOV -2 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	DN:			
DOCUMENT NUMBER:	N13000006462			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Jon Sherman				
	(	Name of Contact Per	rson)	
119 Ministries				
		(Firm/ Company)	)	
7143 State Rd. 54 Unit 271				
		(Address)		
New Port Richey FL 34653-	6104			
	(	City/ State and Zip C	Code)	
jon@119ministries.com				
E	-mail address: (to be used	for future annual repo	ort notification	)
For further information conc	erning this matter, please of	all:		
Jon Sherman		at	813	997-0438
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of	State:
<b>\$</b> 35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	Certified Copy (Additional copy is enclosed)	Certifi Certifi (Addii Enclo	D Filing Fee cate of Status led Copy is sed)
Marilian A	dd-occ	C	and Addenson	

# 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

# Articles of Amendment to Articles of Incorporation of

FILED

119 MINISTRIES, INC.		2018 OCT 29 AM 11: 57
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	Cares "
N 13000006462		STORETARY OF STATE TALLAHASSEE, FL
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute unendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corporation</i>	radopts the following
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must he distinguishable and contain the word "corporate". Company or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviatio	in "Corp." or "Inc."
3. Enter new principal office address, if applicable:	119 Ministries	
Principal office address MUST BE A STREET ADDRESS	5700 Memorial Hwy., STE 217.	<u> </u>
	Tampa F1. 33615	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	119 Ministries	
	5700 Memorial Hwy., STE 217	
	Tampa F1, 33615	
). If amending the registered agent and/or registered office new registered agent and/or the new registered office a	<del></del>	the _
Name of New Registered Agent:		
	(Florida street address)	· · · ·
New Registered Office Address:	(1777)	
	Flor	
	(City) (Zi	p Code)
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fa	muuar with and accept the obligations of th	e position.

Signature of New Registered Agent, 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	<u>V</u> <u>Mil</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	P	Jon Sherman	7143 State Rd. 54
Add			Unit 271
Remove			New Port Richey F1, 34653-6104
2) Change			
Add			
Remove			<del></del>
3 ) Change			
Add			
Remove			-
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			- <del></del>
6) Change			
Add	<del></del>		
Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
N/A	
	<u>.                                    </u>

	date of each amend		, if other than the
	this document was signerive date if applicat	N/A	
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date won the Department of State's records.	vill not be listed as the
Ada	ption of Amendment	(CHECK ONE)	
	The amendment(s) w was/were sufficient f	as/were adopted by the members and the number of votes cast for the amendment( or approval.	(s)
	There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated _	0/24/2018	
	h	y the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
		Jon Sherman	
		(Typed or printed name of person signing)	•
		President	
		(Title of person signing)	-