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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	OF FIRE TRUCKING MI	INISTRIES, INC	
DOCUMENT NUMBER:			
			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
JOE VANOVER			
	(Name of Contact	Person)	
CHARIOTS OF FIRE TRUCKING MINISTR	IES, INC		
	(Firm/ Compa	any)	
11960 NORTH BROAD STREET			
	(Address))	
BROOKSVILLE, FL 34601			
	(City/ State and Z	ip Code)	100
WARRENSTAX@BELLSOUTH.NET			
E-mail address: (to	be used for future annual	report notification	n)
For further information concerning this matter,	please call:		
JOE VANOVER		352	442-5701
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Floric	da Department of	State:
\$35 Filing Fee \$43.75 Filing Certificate of	Fee & \$\sum \$\\$43.75\$ Filing F Status Certified Copy (Additional copenclosed)	Certi by is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		Street Address	

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

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

Articles of Amendment to Articles of Incorporation of

CHARIOTS OF FIRE TRUCKING MINISTRIES, INC.

CHARIOTS OF FIRE TRUCKING MINISTRIES, INC			
(Name of Corporation as current	lly filed with the Flor	ida Dept. of State)	
N13000007367			
(Document Number	er of Corporation (if ki	10Wn)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporati	on:		
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated	The new " or the abbreviation "Corp." or "Inc."	
	406 W JEFFERSON STREET		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	BROOKSVILLE, FL	. 34601	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
	***	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept	the obligations of the position.	
Si	ignature of New Regist	tered 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>Mik</u>	n Doe se Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DIR	KENNETH VILLAREAL	3200 SHILOH STREET
Add			MARSHALL, TX 75672
X Remove			
2) Change	DIR	ROBERT C BRADSHAW	597 WATERFORD WAY
Add			DANVILLE, IN 46122
X Remove			
3) Change	DIR	JOHN ASHLEY	123 KENMORE AVE
Add			WINCHESTER, TN 37398
X Remove			
4) Change	DIR	MICHEAL EVAN NICHOLSON	1802 2ND STREET
XAdd			WOODWARD, OK 73801
Remove			
5) Change	DIR	GARY LAPLANT	3204 5TH AVENUE
XAdd			TAMPA, FL 33605
Remove			
6) Change			
Add			_
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

ADD ARTICLE III - THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED ARE EXCLUSIVELY
RELIGIOUS, CHARITIBLE & EDUCATIONAL WITHIN THE MEANING OF SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE OF 1986 OR THE CORRESPONDING PROVISION OF ANY FUTURE
UNITED STATES INTERNAL REVENUE CODE,
B. NOT WITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THIS ORGANIZATION SHALL NOT
CARRY ON ANY ACTIVITIES NOT PERMITTED TO BE CARRIED ON BY AN ORGANIZATION EXEMPT
FROM FEDERAL INCOME TAX UNDER SECTION 503(C)(3) OF THE INTERNAL REVENUE CODE OF
1986 OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW.
C. IN THE EVENT OF DISSOLUTION, THE RESIDUAL ASSETS OF THE ORGANIZATION WILL BE TURNED
OVER TO ONE OR MORE ORGANIZATIONS WHICH THEMSELVES ARE EXEMPT UNDER SECTIONS 501(C)(3)
AND 170(C)(2) OF THE INTERNAL REVENUE CODE OF 1986 OR CORRESPONDING SECTIONS OF ANY OTHER
PRIOR OR FUTURE INTERNAL REVENUE CODE, OR FEDERAL, STATE, OR LOCAL GOVERNMENT FOR
EXCLUSIVE PUBLIC PURPOSE.

	e date of each amendment(s) adopti e this document was signed.	on:	, 3015		_, if other than the
Effe	ective date <u>if applicable</u> :	(no more than 90 days	ol S after amendment file	date)	
	e: If the date inserted in this block do ument's effective date on the Departm		le statutory filing req	uirements, this date will not b	oe listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)			
	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and th	e number of votes cas	ot for the amendment(s)	
X	There are no members or members of adopted by the board of directors.	entitled to vote on the am	endment(s). The amo	endment(s) was/were	
	Dated 9/1	115			
	Signature South				
	have not been se	or vice chairman of the bleeted, by an incorporate inted fiduciary by that fiduciary by that fiduciary by that fiduciary by that fiduciary by the fiduciary by	r – if in the hands of		
		oe Vanoue			
		(Typed or prin	ted name of person si	gning)	
	?	resident	itle of person signing)		
		(1)	ITIE AT NERSAN STONING I	i .	