

N130000008484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

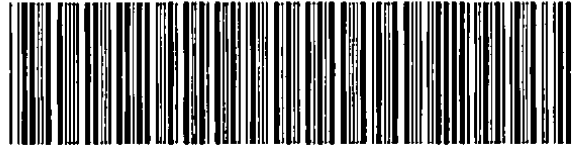
(Business Entity Name)

(Document Number)

ified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only .



600355844696

12/21/20--01019--024 \*\*95.00

2020 OCT 21 PM 3:58  
ED  
STATE  
FL

**COVER LETTER**

**O:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ADONAI MINISTRIES INC.

**DOCUMENT NUMBER:** N13000008484

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HEATHER HURRY  
(Name of Contact Person)

ADONAI MINISTRIES INC.  
(Firm/ Company)

2947 MARTIN ST. UNIT 36  
(Address)

ORLANDO, FLORIDA 32806  
(City/ State and Zip Code)

ADONAIMINISTRIESUS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER HURRY at 407 5470667  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

DONAI MINISTRIES INC.

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

13000008484

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**If amending name, enter the new name of the corporation:**

A \_\_\_\_\_ The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "company" or "Co." may not be used in the name.

**Enter new principal office address, if applicable:**

Principal office address **MUST BE A STREET ADDRESS**)

2947 MARTIN ST. UNIT 36

ORLANDO, FLORIDA 32806

**Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

2947 MARTIN ST. UNIT 36

ORLANDO, FLORIDA 32806

**If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: N/A

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

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

RECEIVED  
FLORIDA DEPT. OF STATE  
TALLAHASSEE, FL  
JUN 21 PM 3:58

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:

<input type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (check One)	Title	Name	Address
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>VP</u>	<u>LORI TANTILLO</u>	<u>2947 MARTIN ST. UNIT 36</u> <u>ORLANDO, FLORIDA 32806</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>SEC</u>	<u>ROSSEMARY FRICK</u>	<u>2947 MARTIN ST. UNIT 36</u> <u>ORLANDO, FLORIDA 32806</u>
<input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TREAS</u>	<u>YVETTE KENDRICK</u>	<u>2947 MARTIN ST. UNIT 36</u> <u>ORLANDO, FLORIDA 32806</u>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>MEM</u>	<u>LINDA ALLEN</u>	<u>2947 MARTIN ST. UNIT 36</u> <u>ORLANDO, FLORIDA 32806</u>
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

**If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

UPON THE DISSOLUTION OF ADONAI MINISTRIES INC. THE BOARD OF DIRECTORS SHALL AFTER PAYING  
AND MAKING PROVISIONS FOR THE PAYMENT OF ALL LIABILITIES OF THE CORPORATION, DISPOSE OF  
ALL ASSETS TO ONE OR MORE EXEMPT ORGANIZATION WITH THE MEANING OF SECTION 501(c)(3) OF THE  
INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR

BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR  
PUBLIC PURPOSE. ANY SUCH ASSETS NOT SO DISPOSED OF SHALL BE DISPOSED BY A COURT OF  
COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION  
THEN LOCATED EXCLUSIVELY FOR SUCH PURPOSES OR SUCH ORGANIZATION OR ORGANIZATIONS.  
S A COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH  
PURPOSES.

HE SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL  
AND SCIENTIFIC PURPOSES, INCLUDING SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO  
ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(c)(3) OF THE INTERNAL  
REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

Amend Article III. Corporate Purpose to:

RESTORING WOMEN BACK TO THEIR TRUE IDENTITY IN CHRIST, WITH BIBLICAL PRINCIPLES SHARED IN  
LOVE AND TRUTH.

Effective date of each amendment(s) adoption: \_\_\_\_\_, if other than the  
date this document was signed.

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, this date will not be listed as the  
document's effective date on the Department of State's records.

Option 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

11/27/2020

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)

HEATHER HURRY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)