

N1300000 9881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 12 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Paid In Full Motorcycle Ministry, Inc.

DOCUMENT NUMBER: N13000008881

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

Please return all correspondence concerning this matter to the following:

Betsy Mata

(Name of Contact Person)

Paid In Full Motorcycle Ministry, Inc.

(Firm/ Company)

16213 Parkside Drive

(Address)

Tampa, Florida, 33624

(City/ State and Zip Code)

PASTOR BETSY @ PIFMM.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betsy Mata

(Name of Contact Person)

at

714-231-0070

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|--|--|
| ☐ \$35 Filing Fee | ☐ \$43.75 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

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

PAID IN FULL MOTORCYCLE MINISTRY INC

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

N13000008881

(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:

A. If amending name, enter the new name of the corporation:

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.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. 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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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JACKSONVILLE, FLORIDA

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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☒ Remove	<u>TSD</u>	<u>ARIEL CARRION</u>	<u>16213 Parkside DR.</u> <u>TAMPA, FL 33624</u>
2) ☐ Change ☒ Add	<u>TSD</u>	<u>ARNIM P. ELIE JR.</u>	<u>16213 Parkside DR</u> <u>TAMPA, FL 33624</u>
3) ☐ Remove ☐ Change ☒ Add ☐ Remove	<u>D</u>	<u>Rutando Torres JR</u>	<u>16213 PARKSIDE DR</u> <u>TAMPA, FL 33624</u>
4) ☐ Change ☐ Add ☐ Remove	<u>/</u>	<u>/</u>	<u>/</u>
5) ☐ Change ☐ Add ☐ Remove	<u>/</u>	<u>/</u>	<u>/</u>
6) ☐ Change ☐ Add ☐ Remove	<u>/</u>	<u>/</u>	<u>/</u>

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

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

/

IF There is a need For Additional
INFORMATION, Please Let Me know
Since IM NOT sure what Your OFFice
WILL need.

The date of each amendment(s) adoption: _____, if other than the
date this document was signed.

Effective date if applicable:

AUGUST 27, 2020
(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.

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 8/27/20

Signature Betsy Mata
(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)

Betsy Mata
(Typed or printed name of person signing)

Vice President
(Title of person signing)