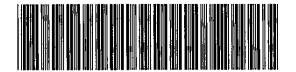
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(Re	equestor's Name)	 	
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		





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TOP STATE CORPORATIONS

OR PM 3: 33

3/20/15

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Koinonia Life	Ministnes, Inc			
DOCUMENT NUMBER: N 140 0000 45 78				
The enclosed Articles of Amendment and fee are submitted for filing.	·			
Please return all correspondence concerning this matter to the following	g :			
Sharon A. Ree	ed			
(Name of Contac	ct Person)			
Koinonia Life	Ministres, Inc.			
· •				
1708 Elm S-	t # 8			
Rockledge F	L 3a955			
(City/ State and 2	Zip Code)			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
01 0 1				
Sharon Need at (3	<u>881-3589</u>			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Flori	da Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional coenclosed)	Certificate of Status			
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

• • •	VI	
Komonia Life	Ministres Im	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N 140 0000	4579	2/5
(Document Number of Co		1
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the fol	llowin
A. If amending name, enter the new name of the corporation	on:	
		v
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.		he nev "Inc.'
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nla	
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	
new registered agent and/or the new registered office ad		
Name of New Registered Agent:	OlA	
New Registered Office Address:	Florida street address)	
	والمستلم	
(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent:	
, , , , , , , , , , , , , , , , , , , ,		
Signature of New I	Registered Agent, if changing	

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>M</u>	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u></u>	· · · · · · · · · · · · · · · · · · ·	
Add Remove			
2) Change	WEE 11 0E 1		
Add Remove			
3) Change			
Add			.
4) Change			
Add			
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

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

Article VI-Provision for Organization Dissolution

a. Upon the dissolution of the organization, assets shall be distributed for one or
more exempt purposes within the meaning of section 501 (c) (3) of the
Internal Revenue Code, or corresponding section of any future federal
tax code, or shall be distributed to the federal government, or to a state or local government, for a public
purpose. Any such assets not disposed of shall be disposed of by the
Court of Competent Jurisdiction of the county in which the principal
office of the organization is then located, exclusively for such purposes
or to such organization or organizations, as said Court shall determine,
which are organized and operated exclusively for such purposes.
·
·
•

The	e date of each amendment(s) adop	tion: 3/17/2015	, if other than the
	this document was signed.		•
Eff	ective date <u>if applicable</u> :	3/18/2015	
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 3/18/201	5	
	Signature	5 S. Real or	
	have not been	n or vice chairman of the board, president or other officer-if directors selected, by an incorporator — if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	·
	Irvin S. Reed	·	
	(Typed or printed name of person signing)		
	Vice Preside	nt	
		(Title of person signing)	