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COVER LETTER

TO: Amendment Section

Division of Corporations DEEP WATER MINISTRIES, INC. NAME OF CORPORATION: _____ N14000006823 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHARLES J. PIERRE (Name of Contact Person) PIERRE AND ASSOCIATES LLC (Firm/ Company) 4595 HYPOLUXO RD SUITE 2 (Address) LAKE WORTH, FLORIDA 33463 (City/ State and Zip Code) PJOSPRR@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES J. PIERRE 252-4697 (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

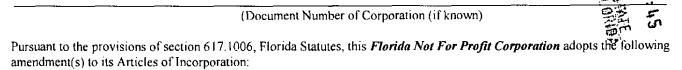
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



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

N14000006823



and the second s	MINISTRIES, INC.	_The ne		
ame must be distinguishable and contain the word "corporat Company" or "Co." may not be used in the name.	non or incorporatea or the abbreviation Corp. C	r mc.		
B. Enter new principal office address, if applicable:	6691 WESTVIEW DRIVE			
Principal office address <u>MUST BE A STREET ADDRESS</u>)	LANTANA, FLORIDA 33462			
C. Enter new mailing address, if applicable:	6691 WESTVIEW DRIVE			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	LANTANA, FLORIDA 33462			
new registered agent and/or the new registered office a	<u>uoi ess.</u>			
Name of New Registered Agent:				
	(Florida street address)			
Name of New Registered Agent: New Registered Office Address:	(Florida street address)			
New Registered Office Address:	(Florida street address) , Florida (City) (Zip Code) Agent:			
	(Florida street address) , Florida (City) (Zip Code) Agent:			

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 tisle 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 <math>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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1)Change					
Add					
Remove					
2) Change		_			
Add					
Remove				,	
3) Change		.			
Add					-
Remove					
4) Change	 -	_			17800
Add					
Remove					
5) Change		4			
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)									
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ſ'ne	date of each amer	idment(s) adoption:, if other than t	n
	this document was		
Effe	ective date <u>if appli</u>	able:	
		' (no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ate on the Department of State's records.	
٩da	option of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficier	was/were adopted by the members and the number of votes cast for the amendment(s) it for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	07/12/2015	
	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)	
		MARIE J. MOISE	
		(Typed or printed name of person signing)	
		INCORPORATOR AND DIRECTOR	
		(Title of person signing)	