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FILED
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SECRETARY OF STATE

Amendico

OCT 30 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations Ministries Inc. DOCUMENT NUMBER: N140000 11656 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) Sarentino E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Certified Copy (Additio \all copy is enclosedia (Additional Copy is Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

N1400001165	χφ	:	
	nber of Corporation (if	,	
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not i</i>	For Profit Corporation adopts the following	ng
A. If amending name, enter the new name of the corpora	ition:		
	· · · · · · · · · · · · · · · · · · ·	The ne	?W
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporal	ted" or the abbreviation "Corp," or "Inc.	"
3. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	Σ)		
			
	-ii		_
Enter new mailing address, if applicable:	A die	10 2	
(Mailing address MAY BE A POST OFFICE BOX)			
		罗 帝	
		(95)	<u>ت</u>
). If amending the registered agent and/or registered off		a, enter the name of the	3
new registered agent and/or the new registered office	address:		بي
Name of New Registered Agent:			_ _ _
			_
New Registered Office Address:	(Florida street address) New Registered Office Address:		
		ov. 11	
	(City)	, Florida (Zip Code)	-
	d Agent:	- · ·	

Page 1 of 4

Signature of New Registered Agent, if changing

'Ai 'B 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 Joint 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 te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u> </u>	Michelle Love	HIII Fast Sunnise Bivd Ft. Lauderdale FL 38305
2) Change	<u>V</u>	Clarence Oldoc	He 7447 Sarentino Ln Boynton Boh Fil 33437
3) Change Add Remove	<u>S</u> _	Hopal B. Sectuci	Bunton Boh, FL 33424
4) X Change Add Remove	TS	Jontae Plaisir	724 Pire Circle Greenocies FC 33463
5) Change Add Remove		<u>.</u>	
6) Change Add			

smending or adding additional Art ttach additional sheets, if necessary).	(Be specific)				
				 	
					
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Page 3 of 4

	this document was signed.	if other than the
	ective date if applicable: September 28, 2015 (no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ada	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.	
a	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 9/15/2015	
	Signature Jorna Wdace	
	(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)	
	LORNA OLDACRE	
	(Typed or printed name of person signing)	
	President.	
	(Title of person signing)	