N15000002113

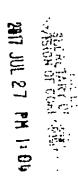
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COVER LETTER

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TO: Amendment Section Division of Corporations						
ls NAME OF CORPORATION:	sachar Ministries In					3
N1500 DOCUMENT NUMBER:	00002113	·		····		100
The enclosed Articles of Amendme	ent and fee are subm	uitted for filing.				
Please return all correspondence co	oncerning this matter	to the following:				
E. Lamar Williams, Jr.						
		Name of Contact Po	erson)			-
Issachar Ministries International, I	пс					
		(Firm/ Company	·)			-
3540 Durance Street						
		(Address)				-
New Port Richey FL34655						
	(City/ State and Zip	Code)			-
issacharministries@outlook.com						
E-mail a	address: (to be used	for future annual rep	ort notification)		-
For further information concerning	this matter, please of	añ.				
E. Lamar Williams, Jr			601	616-9515		
(Name	of Contact Person)	at	(Area Code)	(Daytime Teleph	none Number)	-
Enclosed is a check for the following	ng amount made pay	able to the Florida I	Department of S	State:		
	13.75 Filing Fee & [crtificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi) Filing Fee cate of Status ed Copy tional Copy is	17	

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

Enclosed)

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Articles of Amendment to Articles of Incorporation

	rticles of Amendment to ticles of Incorporation	٠,
	of	
sachar Ministries International, Inc		
(Name of Corporation as co	rrently filed with the h	Torida Dept. of State)
15000002113	-	
(Document i	lumber of Corporation (f known)
rsuant to the provisions of section 617.1006, Florida Sendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not</i>	f known) For Profit Corporation adopts the following
If amending name, enter the new name of the corp	oration:	
A		The new
ne must be distinguishable and contain the word "corompany" or "Co." may not be used in the name.	poration" or "incorport	
Enter new principal office address, if applicable:	NIA	
incipal office address <u>MUST BE A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
77 (1977)		
amending the registered agent and/or registered		da, enter the name of the
ew registered agent and/or the new registered of N/A		
Name of New Registered Agent.		
		(Florula street address)
New Registered Office Address:		
N/A		, Florida
	(City)	(Zip Code)
Registered Agent's Signature, if changing Regist eby accept the appointment as registered agent. I can		ent the obligations of the position
and an appending to registered agent. It		er are conguitous of the position.
	Signature of New Re	eistered Agent, if changing
		L PLY POUR DISK & 1 & 1. C.

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: XChange X Remove X Add	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke <u>Jones</u> lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
x 1) Change	P	Maurizio Antonio Niro, H	9226 Rainbow Lane
Add			Port Richey FL 34668
Kemove			
2)Change	VP	Brenda A. Bringhurst	901 NW 179TH AVENUE
Add			PEMBROKE PINES FL33029
Kemove			
3) Change	 		_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional, (attach additional sheets, if necessar,	y). (Be speci	ific)				
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	∃ V A	
The date of each amendment(s) added this document was signed. N/A		if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were	
Dated May 25, 20	017 	
Oigiatus	Lanar Wi-, fr.	
have not be	nnan or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
E. Lama	r Williams, Jr.	
	(Typed or printed name of person signing)	
CFO		
	(Title of person signing)	