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| PICK-UP | ☐ WAIT | MAIL | | |
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| Special Instructions to Filing Officer: | | | | |
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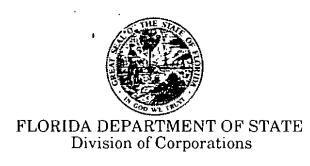
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R. WHITE FEB 1 9 2018



February 5, 2018

MARGARET B KARTWE 19601 NW 9TH AVE MIAMI GARDENS, FL 33169

SUBJECT: KARTWE OUTREACH MINISTRY INC.

Ref. Number: N15000003065

We have received your document for KARTWE OUTREACH MINISTRY INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 418A00002347

Rebekah White Regulatory Specialist II

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: Karture Outreach Ministry INC |
| DOCUMENT NUMBER: <u>N1500003065</u> |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Margaret B. Katwe (Name of Contact Person) |
| Kartwe Outreach Ministry Inc. (Firm/Company) |
| 19601 NW 9th Ave |
| Miami Gardens, FL 33/69 (City/ State and Zip Code) |
| E-mail address (td be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Margaret B. Katwe at (404)426-8342 (Name of Contact Person) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (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 Call Tallahassee, FL 32314 Call Tallahassee, FL 32301 Call Tallahassee, FL 32301 |

FUED

| | Articles of Amendment to | 18 FEB 15 AH 11: 44 |
|--|-------------------------------------|---|
| _ | Articles of Incorporation | Kalthoritis (1) |
| Kartwe Dy | treach Mi | nistry Inc |
| | s currently filed with the Florid | la Dept. of State) |
| <u> 11500000306</u> | 5 | |
| (Docume | ent Number of Corporation (if kno | ewn) |
| Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation: | da Statutes, this Florida Not For t | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the of t | Freach Foun | or the abbreviation "Corp." or "Inc." |
| "Company" or "Co." may not be used in the name. | | |
| B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AD</u> | | N 9th Ave Fardons, FL 33149 |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. | <u>ox</u>) | |
| | | |
| • | | |
| D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered | | nter the name of the |
| Name of New Registered Agent: | | |
| Hame of New Negatered Agent. | | , |
| New Registered Office Address: | (Flor | ida street address) |
| | | , Florida |
| _ | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. | | ne obligations of the position. |
| · | | Same and the formation |
| | Signature of New Register | red Agent, if changing |

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>PT</u> <u>V</u> <u>SV</u> | John Doc Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---------------------------------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add | | | |
| Remove 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| Remove | | | |

| amending or adding additional Artitional Artitional Artitional sheets, if necessary). | (Be specific) |
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| The date of each amendment(s) adoption: | | , if other than the | |
|---|---|---------------------|--|
| Effe | ective date if applicable: | | |
| | (no more than 90 days after amendment file date) | | |
| | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nument's effective date on the Department of State's records. | be listed as the | |
| Add | option of Amendment(s) (<u>CHECK ONE</u>) | | |
| D' | 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 $01 - 30 - 2018$ | | |
| | Signature Margaratoulue | | |
| | (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) | | |
| | Margaret B. Kartwe. (Typed or printed name of person signing) | | |
| | . (Typed or printed name of person signing) | | |
| | President | | |
| | (Title of person signing) | | |