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OCT 2 7 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations'

NAME OF CORPORATIO	GILL FAMILY MINI	STRIES INC	·		····	
DOCUMENT NUMBER: _	N15000004644					
The enclosed Articles of Am	endment and fee are subm	itted for filing.				
Please return all corresponde	nce concerning this matter	to the following:				
ALBERT GILL						
	(Name of Contact Person	on)			
GILL LAW FIRM PA						
	¥ .	(Firm/ Company)				
104 SW 11TH AVENUE		*				
		(Address) .	ž.	a a	الأشكات فريا	,
DELRAY BEACH FL 3344	4		₹ ₹			
	(City/ State and Zip Co	de)			
AWGILL@GILLATTORNI	EYS.COM					
E	-mail address: (to be used	for future annual repor	t notification	1)	- 	
For further information conc	erning this matter, please of	eall:				
ALBERT GILL		5 at	61	454-0301		
	(Name of Contact Person)		Area Code)	(Daytime	Telephone Nun	nber)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida De	partment of	State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Stati ied Copy tional Copy osed)	us	
Mailing A			t Address			
Amendment Section Division of Corporations			ndment Section of Corpo			
P.O. Box 6			on Building	-: anoils		
	e, FL 32314		Executive C	Center Circle	•	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

GILL FAMILY MINISTRIES INC		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
N15000004644		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	ne following
A. If amending name, enter the new name of the corporation:		27. A CR. A
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp.	" ortific." (
B. Enter new principal office address, if applicable:	104 SW 11TH AVENUE	
(Principal office address MUST BE A STREET ADDRESS	DELRAY BEACH FL 33444	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	104 SW 11TH AVENUE DELRAY BEACH FL 33444	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		
N/A		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
N/A	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		7.
<u></u>	Signature of New Registered 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	PT John D V Mike John S SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	VPD	SHARON A GILOL	
Add X Remove			
2) Change	<u>D</u>	LILIETH MCINTOSH	
Add X Remove			
3) Change	D	GAVIN GILL	600 ATLANTIS ESTATES WAY
X Add			ATLANTIS FL 33462
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
FEI/EIN NUMBER: 47-533-6246	
	

N/A	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
. 10/17/15 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption 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.	
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 10/17/15	
Signature (By the chairman of 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)	
ALBERT GILL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	