N15000000686

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COVER LETTER

TO: Amendment Section
Division of Corporations

EL NINO REY MINISTRY INC NAME OF CORPORATION:	
N15000006686 OCUMENT NUMBER:	
"he enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DEMETRIUS CRANE	
(Name of Contact Person)	
SEA ACCOUNTING & CONSULTING	
(Firm/ Company)	
1898 STONE ACRES CIRCLE	
(Address)	
SAINT CLOUD, FL 34771	
(City/ State and Zip Code)	2002
NFO@SOLDOUT2CHRIST.COM	0003 1112
E-mail address: (to be used for future annual report notification)	25
or further information concerning this matter, please call:	
DEMETRIUS CRANE 407 552-9717 The state of th	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	75
inclosed 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 (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)	

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N15000006686		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts t	he following
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
		—
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	r)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		S
		<u> 국유</u> -
D. If amending the registered agent and/or registered		: · · · · ·
new registered agent and/or the new registered o	ffice address:	রু জে 💍
Name of New Registered Agent:		<u> </u>
		<u> </u>
New Registered Office Address:	(Florida street address)	T BILL
	, Florida, (City) (Zip Code)	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position	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	<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			57 o
5) Change Add			
Remove			T.E.
6) Change Add	····		
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
SEE ATTACHMENT			
			•

		. <u> </u>
		
···		
		3823 SE.O.
		当 26
		45 3
		32 FATE
The date of each amendment(s) addate this document was signed.	leption:	, if other than the
Effective date if applicable:		
metare date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date w partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s	;)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

SECRETARY OF STATE

EL NINO REY MINISTRY INC #N1500006686

ARTICLE 5 - PURPOSE:

This corporation is organized exclusively for charitable and religious purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

This corporation will not attempt to influence legislation as a substantial part of its activities and will not participate at all in campaigns for or against political candidates.

In addition, none of the earnings of the corporation will inure to any private shareholder or individual, except for reasonable compensation for services rendered.

If the corporation dissolves, its assets must be distributed for an exempt purpose within the meaning of Section 501(c)(3) of the Internal Revenue Code.

SECHELARY OF STATE