N17000002329

| (Re | questor's Name) | <u> </u> |
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| (Ad | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | me) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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DIVISION OF CORPORATIONS

Amand

JUN - 7 2017 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

1

| REDEMPTION PRISON NAME OF CORPORATION: | MINISTRY, LLC | | | | |
|--|--|--------------------|--|--------------------|--------------|
| DOCUMENT NUMBER: N17000002329 | | | | | |
| The enclosed Articles of Amendment and fee are submittee | d for filing. | | | | |
| Please return all correspondence concerning this matter to | the following: | | | | |
| ABLA ALAOUI | | | | | |
| (Na | me of Contact Person | n) | | | |
| | | | | | |
| | (Firm/ Company) | | | | |
| 3117 EDGEWATER DRIVE | _ | | | | |
| | (Address) | | | | |
| ORLANDO, FL 32804 | | | | | |
| (Cit | y/ State and Zip Cod | e) | | | |
| DPAUL@PAULANDPERKINS.COM | | | | | |
| E-mail address: (to be used for | future annual report | notification |) | Ç | ⊒. |
| For further information concerning this matter, please call: | | | | - | 1851 1338 |
| ABLA ALAOUI | 40 ⁻ at | • | 3015167 | <u>ر ب</u> توبه | |
| (Name of Contact Person) | (Aı | rea Code) | (Daytime Telephone N | | |
| Enclosed is a check for the following amount made payable | e to the Florida Depa | artment of S | State: | 70 | (P) S |
| (A | 43.75 Filing Fee & lertified Copy Additional copy is enclosed) | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) | 5: 27 | MICHE |

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



May 31, 2017

ABLA ALAOUI 3117 EDGEWATER DRIVE ORLANDO, FL 32804

SUBJECT: REDEMPTION PRISON MINISTRY, LLC

Ref. Number: N17000002329

We have received your document for REDEMPTION PRISON MINISTRY, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This corporation was filed in error in our office on February 27, 2017. You filed as a Florida Non-Profit Corporation but you have a Limited Liability Company ending in your name and you can't do that. If this is truely a Florida Non-Profit Corporation we will need to remove the LLC and add either Inc., Incorporated, Corp. or Corporation. If this is a Limited Liability Company you will need to get the proper paperwork and fees to our office. Please advise as to what the entity should be and we will let you know what procedure we will need to do. Please feel free to call me.

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.

Diane Cushing Senior Section Administrator

www.sunbiz.org

Letter Number: 217A00010924

Articles of Amendment to Articles of Incorporation of

| REDEMPTION PRISON MINISTRY, LLC (Name of Corporation as cut | mouth filed mith the Fleet | de Dest of State) | |
|--|-------------------------------------|---|--------------|
| 17000002329 | rently fried with the klori | da Dept. of State) | |
| . (Document N | umber of Corporation (if kn | own) | |
| arsuant to the provisions of section 617.1006, Florida Standament(s) to its Articles of Incorporation: | atutes, this <i>Florida Not For</i> | Profit Corporation adopts the follo | wing |
| . If amending name, enter the new name of the corpo | oration: | | |
| Redemphin Prison Min ame must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name. | isty Inc. | | new nc.'' |
| Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRE</u> | . <u></u> | , | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| . If amending the registered agent and/or registered onew registered agent and/or the new registered officers. | | enter the name of the | |
| Name of New Registered Agent: | | | ((|
| New Registered Office Address: | (Flo) | rida street address) | |
| | (Cin) | , Florida | |
| ew Registered Agent's Signature, if changing Register tereby accept the appointment as registered agent. I am | | (Zip Code) he obligations of the position. | |
| | 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>V</u> <u>Mi</u> | nn <u>Doc</u> ke Jones lly Smith | |
|----------------------------------|--------------------|--|-------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | DST | CHRISTOPHER RODRIGUEZ | 1039 FLAGSTONE COURT |
| Add | | • | APOPKA, FL 32703 |
| X Remove | | | |
| 2) X Change | DPS | NELSON TORANZO | 2254 ROMANUM DRIVE |
| Add | | | WINTER GARDEN, FL 34787 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |
| Kemove | | | |

| | | ticles, enter char (Be specific) | | | | | |
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| The date of each amendment(s) adoption | MARCH 31, 2017 | , if other than the |
|---|--|----------------------|
| date this document was signed. | · | _, if other than the |
| Effective date if applicable: | · | |
| . (| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does document's effective date on the Department | s not meet the applicable statutory filing requirements, this date will not but of State's records. | e listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted by was/were sufficient for approval. | by the members and the number of votes east for the amendment(s) | |
| There are no members or members enti- adopted by the board of directors. | itled to vote on the amendment(s). The amendment(s) was/were | |
| 5/17/17 Dated | | |
| Signature | -80 | - |
| have not been select | vice chairman of the board, president or other officer-if directors ted, by an incorporator — if in the hands of a receiver, trustee, or id fiduciary by that fiduciary) | |
| DAVID A. PAU | L | |
| | (Typed or printed name of person signing) | |
| DIRECTOR, VIC | CE PRESIDENT | |
| | (Title of person signing) | |