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## COVER LETTER &

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KERIGMA INTERNATIONAL MINISTRIES INC
DOCUMENT NUMBER: N17000005025
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LUIS FERNANDO ORIHUELA
(Name of Contact Person)
KERIGMA INTERNATIONAL MINISTRIES INC
(Firm/ Company)
12819 Butler Bay Ct
(Address)
Windermere, Florida 34786
(City/ State and Zip Code)
director@kerigma.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis Fernando Orihuela at 407-717-8343
(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 ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	RNATIONAL MINISTRIES	
(Name of Corporation as current	ly filed with the Florida Dept.	of State)
N17	000005025	
(Document Numbo	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Ce	orporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
	N/A	The new
name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the a	bhreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	12819 Butler bay ct	
Principal office address MUST BE A STREET ADDRESS )	Windermere - Florida	
	34786	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12819 Butler bay ct	
	Windermere - Florida	
	34786	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		name of the
Name of New Registered Agent:	N/A	
	N/A	
New Registered Office Address:	(Florida street 6	nldress)
	N/A	. Florida N/A
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	Agent: niliar with and accept the obliga	nions of IRERS SILO
	N/A	S
Si	gnature of New Registered Agen	
F	Page 1 of 4	03/18 04/18

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 Doc 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT         John Do           V         Mike Jo           SV         Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	<u> P</u>	Luis Fernando Orihuela	12819 Butler Bay Ct
Add			Windermere - Florida
Remove			34786
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
6) Change			
Add			
Remove			

lditional sheets, if necessary).	(ne specific)				
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				-	

The date of each amendment(s) adoption	n:N/A	, if other than the
late this document was signed.		
Mective date if applicable:	N/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	es not meet the applicable statutory filing requirements, thent of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the ame	endment(s)
There are no members or members er adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) w	vas/were
Dated 05/31/17		
Signature	(Harrelynn)	
have not been self	rylice chairman of the board, president or other officer-if leted, by an incorporator - if in the hands of a receiver, tru led fiduciary by that fiduciary)	directors ustee, or
	LUIS FERMANDO ORIHUELA	
- <del></del>	(Typed or printed name of person signing)	<del></del>
	Initial Director	
	(Title of person signing)	