MIDDLE SHE

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Infinity Love Ministr	es			
	N170008248				
DOCUMENT NUMBER:					
The enclosed Articles of Art	nendment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Steve Wood					
		Name of Contact Per	rson)		
Infinity Love Ministries					
		(Firm/ Company)			
1104 15th Ave. N.W.					
		(Address)			
Largo, Fl. 33770					
	(City/ State and Zip C	ode)		
infinityloveministries@gma	nl.com				
Ŧ:	-mail address: (to be used	for future annual repo	ort notification	1)	
For further information conc	erning this matter, please of	eall:			
Steve Wood			727	320-3855	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone No	ımber)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & { Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee feate of Status fed Copy tional Copy is osed)	
3.4 111	. 4 4 .	0.4			

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

Infinity Love Ministries				
(Name of Corporation as cu	rrently filed with	the Florida Dept. of S	tate)	
N17000008248				
(Document N	umber of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida</i>	Not For Profit Corpo	ration adopts the	: following
. If amending name, enter the new name of the corpo	oration:			
				The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "inco.	rporated" or the abbre	rviation "Corp."	or "Inc."
3. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		,		
	·			
). If amending the registered agent and/or registered	office address in l	Florida, enter the nan	ne of the	
new registered agent and/or the new registered off				
Name of New Registered Agent:				_`` **
			3	- - -
		(Florida street addre		<u>်း မ</u>
New Registered Office Address:		(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠. رُن	i J
			maaa C	., 346 }
	(City)		, Florida ^t	}
	•		>	· · · —
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I a		Luccent the obligation	s of the nosition	
nereny decept the appointment as regimered agent. Ya	n janina ann an	ruccept me oonganon.	s of the position.	
	Signature of Me	w 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: XChange XRemove XAdd	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	D	Bruce Wright Rev.	3705 58th Ave. N.
Add			St. Pete, Fl. 33714
X Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A (attach additional sheets, if necessary). (Be specific)			
					
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	1/29/2017	
The date of each amendment(s) a	adoption:	_, if other than the
late this document was signed.		
	9/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.	
☐ There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were stors.	
Dated	ter en	
Signature		
not l	firman or vice chairman of the board, president or other officer-if directors seen selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
Steve ¹	Wood	
	(Typed or printed name of person signing)	
Directo	я	
	(Title of person signing)	