N17000009159

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
Office Use Only



300315585693

07/11/18--01007--024 **105.00

SECRETARY DE STATE

JUL 12 2010 TO LESTICATION

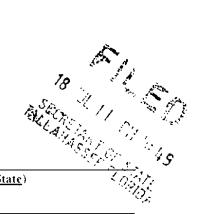


COVER LETTER

TO: Amendment Section : Division of Corporations			A 15	
NAME OF CORPORATION:			44	<u></u>
DOCUMENT NUMBER: N17000009159				
The enclosed Articles of Amendment and fee are sub-	omitted for filing.			
Please return all correspondence concerning this matt	ter to the following:			
Kelley Stanczyk				
	(Name of Contact Pe	rson)		
	(Firm/ Company)		
8800 sw 181 terr				
	(Address)			
Miami, fl 33157				
	(City/ State and Zip C	Code)		
k8800s@hotmail.com				
E-mail address: (to be use	ed for future annual rep	ort notification	1)	
For further information concerning this matter, please	e call:			
Kelley Stanczyk	at	786	6206233	
(Name of Contact Perso		(Area Code)	(Daytime Tele	phone Number)
Enclosed is a check for the following amount made p	payable to the Florida I	Department of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	-	Certit Certit	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Div Cli	eet Address sendment Sect vision of Corpo fton Building of Executive C	orations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Second Frills Inc.

(Name of Corporation	as currently like with the 1 to	Tida Dept. of State
117000009159		• 7
(Docur	nent Number of Corporation (if)	(nown)
rsuant to the provisions of section 617,1006, Flor nendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
If amending name, enter the new name of the	e corporation:	
		The new
me must be distinguishable and contain the word Company" or "Co." may not be used in the name		d" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applica rincipal office address MUST BE A STREET A		
. 33		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)	<u>BOX</u>)	
	BOX)	
	BOX)	
(Mailing address MAY BE A POST OFFICE)		enter the name of the
	stered office address in Florida	, enter the name of the
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or regis	stered office address in Florida	, enter the name of the
Mailing address MAY BE A POST OFFICE : H amending the registered agent and/or registered agent and/or the new registered agent.	stered office address in Florida	
Mailing address MAY BE A POST OFFICE of Mailin	stered office address in Florida red office address: Kelley Stanczyk 9833 Hibiscus Street apartment	
Mailing address MAY BE A POST OFFICE : H amending the registered agent and/or registered agent and/or the new registered agent.	stered office address in Florida ed office address: Kelley Stanczyk 9833 Hibiscus Street apartment	570792
Mailing address MAY BE A POST OFFICE of Mailin	stered office address in Florida red office address: Kelley Stanczyk 9833 Hibiscus Street apartment	570792

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 A Add	<u>V</u> <u>Mil</u>	n Doe ke Jones l <u>y S</u> mith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	p	Second Ministries Trust	8800 SW 181 Terr
Add			Miami, FL 33157
X Remove			
2) Change	Р .	Kelley Stanczyk	8800 SW 181 Terr
X Add			Miami, FL 33157
Remove	TRE	Spiritual Ministries Trust	8800 SW 181 Terr
3) Change		<u>'</u>	Miami, FL 33157
X Remove			
4) Change	SEC	Stanley Stanczyk	8800 SW 181 Terr
Add			Miami, FL 33157
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sh	eets, if necessary).	(Be specific)					
				·			
		<u> </u>					
							
							
	· · · · · · · · · · · · · · · · · · ·		 .				
					•		
·							
•	-						
							
		_					
							
		·					

	07/04/18	
The date of each amendment(s) add late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc focument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will nurtment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
07/04/18 Dated		
Signature	MUMMA	
(By the chain have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Kelley St	anczyk	
	(Typed or printed name of person signing)	
Pres.		
	(Title of person signing)	