NIS0000000615

(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: Spoke with Denish on 4/24/18 to Spoke with Denish on 4/24/18 to Convect Officer Director Details on convect officer Director Details on pay 2 of 4.
5

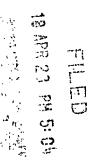
Office Use Only



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S TALLENT APR 24 2018



Amend

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

THE MAGDALEN NAME OF CORPORATION:	E MINISTRY OF HEALING INC
N1800000615 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	
Please return all correspondence concerning this matt	er to the following:
DENISE M. BRUNO	
	(Name of Contact Person)
THE MAGDALENE MINISTRY OF HEALING	
	(Firm/ Company)
1420 WATERFORD OAKS DRIVE APT 310	
	(Address)
ORLANDO, FL 32828	
	(City/ State and Zip Code)
THEMAGDALENEMINISTRYOFHEALING@GM	MAIL.COM V
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
DENISE M. BRUNO	321-805-2311 at
(Name of Contact Person	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\sum_{\$\\$52.50\$ Filing Fee} & Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

THE MAGDALENE MINISTRY OF HEALING INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)				
N18000000615					
(Document Numb	er of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statute imendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	ie follo	owing		
A. If amending name, enter the new name of the corporati	<u>on:</u>				
N/A		The	e new		
name must be distinguishable and contain the word "corporat 'Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp.				
3. Enter new principal office address, if applicable:	1420 WATERFORD OAKS DRIVE APT 310				
Principal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO, FL 32828				
		*. g	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1420 WATERFORD OAKS DRIVE APT 310	- 1	F12 22		
	ORLANDO, FL 32828	271	- <u>U</u>		
		F6.	Ų		
		, n			
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ac 					
Name of New Registered Agent: N/A					
New Registered Office Address:	(Florida street address)				
new negisieren Omet num ess.					
 	(City), Florida (Zip Code)				
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	Agent:	,			
MA					
Si	gnature 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>V</u> <u>Mi</u>	nn Doe ike Jones ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RIVERA, NAYRUBIA	5719 NORMIE DR
Add		•	ORLANDO, FL 32839
X Remove			
2) Change	SECR	BURGOS, MARGNA	314 CERVANTES DR
Add			ORLANDO, FL 34743
X Remove			
3) Change			5538 COLONY PINES CIRCLE N
Add			JACKSONVILLE, FL 32244
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional :	lding additional Art sheets, if necessary).	(Be specific)	•				
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	e date of each amendment(s) adoptic	on:	_, if other than the			
dat	e this document was signed.	•				
Eff	ective date <u>if applicable</u> :					
		(no more than 90 days after amendment file date)				
	te: If the date inserted in this block do nument's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the			
4d	option of Amendment(s)	(CHECK ONE)				
	The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)				
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated	19/18				
	Signature / Meurs	e M Bruns	_			
	have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator — if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)				
	DENISE M. B	RUNO				
		(Typed or printed name of person signing)				
	PRESIDENT					
		(Title of person signing)				