

N180000000900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

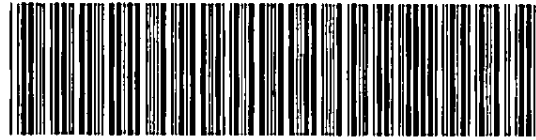
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ROOTED OUTREACH MINISTRIES INC

DOCUMENT NUMBER: N18000000900

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARNULFO GOMEZ

(Name of Contact Person)

ROOTED OUTREACH MINISTRIES INC

(Firm/ Company)

108 E. MAGNOLIA STREET

(Address)

DAVENPORT, FLORIDA 33837

(City/ State and Zip Code)

orpharojas@gmail.com

(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

ARNULFO GOMEZ

863-242-3763

at

(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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status 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

2019 MAY -8 PM 1:48

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2019

ARNULFO GOMEZ
108 E. MAGNOLIA STREET
DAVENPORT, FL 33837

SUBJECT: ROOTED OUTREACH MINISTRIES INC.
Ref. Number: N18000000900

We have received your document for ROOTED OUTREACH MINISTRIES INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent name and location in the spaces provided in part (D) of the form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00007337

Articles of Amendment
to
Articles of Incorporation
of

ROOTED OUTREACH MINISTRIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000000900

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

108 E. MAGNOLIA STREET

DAVENPORT, FL 33837

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Arnulfo Gomez

108 E Magnolia Street

(Florida street address)

New Registered Office Address:

Davenport

(City)

Florida

33837

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

✓ Arnulfo Gomez

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>T/S</u>	<u>PEREZ, EILEEN</u>	<u>108 E. MAGNOLIA STREET</u>
<input type="checkbox"/> Add			<u>DAVENPORT, FL 33837</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>CANALES, JESUS</u>	<u>108 E. MAGNOLIA STREET</u>
<input checked="" type="checkbox"/> Add			<u>DAVENPORT, FL 33837</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>DE LOS ANGELES, MARIA</u>	<u>108 E. MAGNOLIA STREET</u>
<input checked="" type="checkbox"/> Add			<u>DAVENPORT, FL 33837</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>GOMEZ, ARNULFO</u>	<u>108 E. MAGNOLIA STREET</u>
<input type="checkbox"/> Add			<u>DAVENPORT, FL 33837</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ 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 3/15/2019

Signature ✓ Arnulfo Gomez

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ARNULFO GOMEZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)