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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Division of Corporations BREAKFREE MINISTRIES, INC. NAME OF CORPORATION: N18000001355 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAXSY JIMENEZ
(Name of Contact Person) BREAKFREE MINISTRIES, INC.
(Firm/Company)

LOST GROVE CIRCLE WINTER GHMEN
(Address) WINTER GARDEN, FL 34787
(City/ State and Zip Code) TMAXSY & YA Hoo. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAXSY TIMENEZ
(Name of Contact Person)

at 407 · 493 · 2218
(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigsup \$43.75 Filing Fee & \Bigsup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment Articles of Incorporation

N18000001355 (Document Number of Corporation (if known)

suant to the provisions of section 617,1006. Florida Statutes, this *Florida Not For Profit Corporation* adopts the following

| If amending name, enter the new name of the corpora N/A | <u>(101):</u> | The ne |
|--|--------------------------|---------------------------------|
| ame must be distinguishable and contain the word "corpora | ution" or "incorporated" | |
| Company" or "Co," may not be used in the name, | , | |
| Enter new principal office address, if applicable: | NA | 4.3 5 |
| Principal office address MUST BE A STREET ADDRESS | | E3 W |
| • | | |
| | | 题》 2 |
| | | (1) |
| Enter new mailing address, if applicable: | 41/14 | 7 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | 5.7 |
| | | |
| If amending the registered agent and/or registered off new registered agent and/or the new registered office | | nter the name of the |
| Name of New Registered Agent: | <u> </u> | |
| | (Flor | ida sti eet address) |
| New Registered Office Address: | | |
| | | Florida |
| | (City) | (Zip Code) |
| ow Registered Agent's Signature, if changing Registered | d Agant | |
| hereby accept the appointment as registered agent. I am l | | he obligations of the position. |
| | .1 | |
| | NIA | |

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add | $\underline{\mathbf{V}}$ | John Doe Mike Jones Sally Smith | | |
|---|--------------------------|---------------------------------------|----|---------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address |
| 1) Change | | | NA | |
| Add | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change Add | | | | |
| Remove | | | | |
| 5) Change Add | | | | |
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THE ACTIVITIES CONDUCTED INCLUDE WORSHIP, FRAYER, PREACHING, TEACHING, AND MENTORING.

THE ORGANIZATION ALSO SEEKS TO PROVIDE HUMANITARIAN AID TO THE NEEDY AS STATED IN MATTHEW 25: 35-36.

| The date of each amendment(s) adoption the date this document was signed. | ption: SEPTEMBER 23, 2019 if other than the |
|--|--|
| Effective date <u>if applicable</u> : | SEPTEMBER 23, 2019 (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block document's effective date on the Depa | c does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were ado was/were sufficient for approval. | pted by the members and the number of votes cast for the amendment(s) |
| There are no members or membe adopted by the board of directors | rs entitled to vote on the amendment(s). The amendment(s) was/were s. |
| Dated SEM | Finning |
| Signature(By the chairm | n or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or |
| | pointed fiduciary by that fiduciary) |
| | MAXSY TIMENEZ |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |