# N1900000 8266

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

N A	MEC	OF CORPOR	ATION: 1	Γ BAUMGARDNER	MINISTRIES
17 /	MAIL C	JE CUREUR	AIION:	I DAUMUARUMER	MINIMARK

DOCUMENT NUMBER: N19000008266

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

Please return all correspondence concerning this matter to the following:

JASON BAUMGARDNER

JT BAUMGARDNER MINISTRIES

1391 NW ST LUCIE WEST BLVD UNIT 292

PORT SAINT LUCIE, FLORIDA 34986

JASONTBAUMGARDNER@GMAIL.COM

For further information concerning this matter, please call:

#### JASON BAUMGARDNER AT 772-985-5661

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &

Certificate of Status Certified Copy (Additional copy is enclosed)

opy Certificate of Status
I copy is Certified Copy
(Additional Copy is
Enclosed)

X\$52.50 Filing Fee

**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

## T BAUMGARDNER MINISTRIES

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

### N19000008266

(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:

## JT BAUMGARDNER MINISTRIES INC

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."

N/A

"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 ADDRES	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
If amending the registered agent and/or registered onew registered agent and/or the new registered office		, enter the name of the
new registered agent and/or the new registered orne	e address.	
Name of New Registered Agent: PAUL	CIALINI	
N/A		
	(1	Florida street address)
New Registered Office Address:		
N/A		, Florida N/A
	(City)	(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.

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 X Add	PT         John I           V         Mike .           SV         Sally S	Jones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change Add XRemove	<u>P</u>	MIKE SEAVER	BLVD UNIT 292 PORT SAINT LUCIE, FLORIDA 34986
2)Change Add	<u>S</u>	LISA MOTTA	1391 NW WEST SAINT LUCIE WEST BLVD UNIT 292 PORT SAINT LUCIE, FLORIDA 34986
X Remove 3 ) ChangeX Add	<u>p</u>	JASON BAUMGARDNER	1391 NW WEST SAINT LUCIE WEST BLVD UNIT 292 PORT SAINT LUCIE, FLORIDA 34986
Remove 4) Change X Add	<u>V</u>	JOSEPH MARTINO	1391 NW WEST SAINT LUCIE WEST BLVD UNIT 292 PORT SAINT LUCIE, FLORIDA 34986
Remove  5) Change  X Add	<u>\$</u>	PAUL CIALINI	1391 NW WEST SAINT LUCIE WEST BLVD UNIT 292 PORT SAINT LUCIE. FLORIDA 34986
Remove 6) Change Add Remove	<u></u>		

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

N/A

Page 3 of 4

	date of each amendment(s) adoption: N/A if other than this document was signed.
Effo	ctive date <u>if applicable</u> : 09/30/2019  (no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the iment's effective date on the Department of State's records.
Add	ption of Amendment(s) (CHECK ONE)
Ø	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 <u>09/30/2019</u>
	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)

the

JASON BAUMGARDNER (Typed or printed name of person signing)

PRESIDENT
(Title of person signing)