N1900000 9271

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO		DRY BONES INTERNA	ATIONAL I	MINISTRIES, INC.	•••
	N19000009271				
DOCUMENT NUMBER: _					
The enclosed Articles of Am	endment and fee are sub	mitted for filing.			
Please return all corresponde	ence concerning this mat	er to the following:			
JAMES MALLORY					
		(Name of Contact Perso	on)		
		(First Company)			
		(Firm/ Company)			
6756 CEDAR RIDGE CIRC	CLE				
		(Address)	·· -		
MILTON, FL 32570					
	-	(City/ State and Zip Co	de)		
E	-mail address: (to be use	d for future annual repor	t notificatio	n)	
For further information conc	erning this matter, please	e cali;			
JAMES MALLORY		8 at	50	525-2149	
((Name of Contact Person		Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the fe	ollowing amount made p	ayable to the Florida De	partment of	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)	
Mailing A			t Address	ion	
Amenama	III. ACCION	Amer	uuneni seci	16 17 1	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE VALLEY OF DRY BONES INTERNATIONAL MINISTRIES, INC.

(Name of Corporation as currently filed with the Flori	ida Dept. of State)
N19000009271	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida St amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
N/A	The new
name must be distinguishable and contain the word "corp" "Company" or "Co," may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi	ice address:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
Hew Registered Office Address.	
	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	ered Agent: m familiar with and accept the obligations of the position.
	29
	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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	VP	Kyeisha Tiera Mallory Slack	6 MARQUESAS COURT PENSACOLA, FL 33506
Remove			
2) Change Add	VP	Zulima Maria Gonzalcz Caro	Panama, Ciudad De Colon, Villa Guadalupe Casa F-26
Remove 3)	VP	Victor Manuel Rivas Valdes	Residencia Colinas Las Cumbres Casa 82-E, Panama City, Panama
4) Change Add	<u>D</u>	Dora Del Carmen Escala Muloz	Los Andes #2 Casa #361C Panama City, Panama
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			
		<u> </u>	
		·	

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.

Dated	6/5/2020
Signature	e
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	James Mallory
	(Typed or printed name of person signing)

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