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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	: International Ministries I	nc	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning the	is matter to the following:		
Lori Lyn Skipper			
-	(Name of Contact	Person)	
Reckless Love International Ministries Inc			
	(Firm/ Compa	ny)	
900 9th Ave E Lot 211			
	(Address)		
Palmetto, FL 34221			
	(City/ State and Zi	p Code)	
lori@recklessloveinternational.com			
E-mail address: (to	be used for future annual r	eport notification	on)
For further information concerning this matter,	please call:		
Lori Lyn Skipper		941 at	248-5925
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florid	a Department o	f State:
S35 Filing Fee S43.75 Filing Fee Certificate of S		Certi r is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section	-	Street Address Amendment Sco	tion

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

Reckless Love International Ministries Inc (Name of Corporation as currently filed with the Florida Dept. of State) N20000000731 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A C. Enter new mailing address, if applicable: N/A (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: (Florida street address) New Registered Office Address: N/A , Florida (Zip Code) (City) 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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>s</u>	Toni Booth	660 Galloway Cres. Mississauga. ON. L5C 3W1
x Remove 2) Change Add	<u>D</u>	LuAnn Wendover	92 Indian Road Red Hook, NY 12571
X Remove	SD	Dawn Lindstrom	US 6029 Broadmoor #2323 Mission, KS 66201 US
4) × Change Add	PTD	Lori L Skipper	900 9th Ave E Lot 211 Palmetto, FL 34221
Remove 5) Change Add			US
Remove 6) Change Add			
Remove			
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

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	07/08/2020			
The date of each amendment	s) adoption:			_, if other than the
date this document was signed				
Tee at a terrollockly	07/08/2020			
Effective date if applicable:	(un mana than 00	days after amendment file date		
	(no more man 90	aays ajier amenameni jile aale	")	
Note: If the date inserted in the document's effective date on the	block does not meet the ap Department of State's reco	plicable statutory filing require rds.	ments, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	1		
☐ The amendment(s) was/w was/were sufficient for ap	re adopted by the members a	and the number of votes east fo	r the amendment(s)	

an of the board! president or other officer-if directors accorporator – if in the hands of a receiver, trustee, or
ncorporator - if in the hands of a receiver, trustee, or
by that fiduciary)
ped or printed name of person signing)
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