

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000173995 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

PH 12: 0					
	-	Division of Cor	porations		
à		Fax Number	: (850)617-6380		
30	er, From:				
Å	· · · · · ·	Account Name	: CORPORATE CREATIONS INTERNAT	IONAL INC.	- 5
AF	·	Account Number			
~	Sullar Qilar	Phone	: (561)694-8107		
2021 APR	1. J P-2 6 3	Fax Number	: (561)214-8442	•	
	¢.)			:	(بر)
					CD
			this business entity to be us		
	annual j	ceport mailings.	Enter only one email address p		1
	n1 .			mc.	<del></del>
	Email Ac				
				·	$\circ$

COR AMND/RESTATE/CORRECT OR O/D RESIGN WINGS OF HOPE MISSIONARIES INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

1677 Help

## Articles of Amendment to Articles of Incorporation of

Wings of Hope Missionaries Inc.

(Name	of	Corporation	as currently f	filed with t	he Florida D	ept, of State)
						-

N2000008828

(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:

	me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name.	 The new '''Inc.''
	Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u> )	 
C.	Enter new mailing address, if applicable:	 
	(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	 0
	₩	P
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:	1:04
	Name of New Registered Agent:	 

New Registered Office Address:

, Florida \_\_\_\_\_\_, (City) (Zip Code)

(Florida street address)

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	<u>PT John I</u> <u>V Mike</u> SV Sally S	Jones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add	<u>D</u>	Floarea Hacman	2998 LAKE RIDGE LANE WESTON, FL 33332
2) Change Add	<u>D</u>	Gabriel Hacman	2998 LAKE RIDGE LANE WESTON, FL 33332
3) Remove Add Remove			
4) Change Add			
Remove			
Add			
δ) Change Add			
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	

Article III - The specific purpose for which this corporation is organized is:

The purpose of this corporation is to receive and administer funds exclusively to financially support poor families.

churches and orphans in the country of Romania within the meaning of Section 501(c)(3) of the Internal Revenue Code

of 1986, as amended, or corresponding provisions of any subsequent Federal tax law.

	·····
	·····
	·····
	·····
	·····
	·····
	·····
	·····
	······································
	· · · · · · · · · · · · · · · · · · ·
The date of each amendment(s) adoption:	if ather than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
The more than so buys types amendment file durey	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the	· · · · · · · · · · · · · · · · · · ·

document's effective date on the Department of State's records.

(CHECK ONE) Adoption of Amendment(s)

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	04/30/2021
Signature	Part -
Ŭ (	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)
	Jenisa Irizarry

(Typed or printed name of person signing)

Attorney-in-Fact for Marciel Hacman, President

(Title of person signing)