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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Friends of Christ in ON:	ternation outreach	ministric	es .		
	N21000006019					
DOCUMENT NUMBER:					· <u>-</u>	
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.				
Please return all correspond	lence concerning this mat	ter to the followin	g:			
Blese Mukleveri						
		(Name of Conta	ct Person)		_
		(Firm/ Com	nany)			
		(Fillio Com	parry)			
4967 Puritan Circle						
		(Addres	s)			
Tampa, Fl 33617						
	,	(City/ State and	Zip Code)		_
Fociom.ministries@icloud.	com					
	E-mail address: (to be use	d for future annua	report n	otilication	1)	
For further information con	cerning this matter, pleas	e call:				
Blese Mukeveri			813 at		3703994	
	(Name of Contact Person	1)		a Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable to the Flor	ida Depai	rtment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Copy (Additional coenclosed)	/	Certifi Certifi	O Filing Fee cate of Status ed Copy cional Copy is sed)	
Mailing A	Address		Street A	Address	an .	

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

(Name of Corporation as currently filed with the Flori	ida Dept. of State)		
(Document N	umber of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	ratutes, this Florida Not For	Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corp	oration:		
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.	The new " or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the	
Name of New Registered Agent:	·	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Flo	rida street address)	
		, Florida	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are		(Zip Code) he obligations of the position	r. 2021
	Signature of New Registe	red Agent, if changing	2: 2
			P
			3: 22

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 S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i)Change Add	<u>VP</u>	Tete Aloka	4967 Puritan Circle
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	·4		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
We recognized that we ha	d an unsecessary	dot betwwen her name and we wanted to cha	nge that, thank you very much
			······································
	· · · · · · · · · · · · · · · · · · ·		

Note: If the date inserted in the document's effective date on the	is block does not meet the a ne Department of State's re-	applicable statutory filicords.	ng requirements, this da	ate will not be listed as the
Effective date <u>if applicable</u> :	07-19-2021 (no more than 9	00 days after amendme	nt file date)	
The date of each amendment date this document was signed.				, if other than the
	 	· · · · · · · · · · · · · · · · ·		
				
				
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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	07-19-2021
Dated	
	Gost Mukeueric
Signati	ire / / /
	(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)
	Blese Mukeveri
	(Typed or printed name of person signing)

(Title of person signing)