N45138

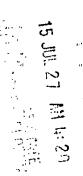
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	IARRER MEMORIAL FUND, INC	1,0
N45138 DOCUMENT NUMBER:		j.,
The enclosed Articles of Amendment and fee		3.5
Please return all correspondence concerning th	is matter to the following:	
ROBERT FORTNER		
	(Name of Contact Person)	
	(Firm/ Company)	
P. O. BOX 653		
	(Address)	
OZONA, FL 34660		
	(City/ State and Zip Code)	
UNITYPH@VERIZON.NET		
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:	
ROBERT FORTNER	727 at	786-2837
(Name of Contact	Person) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Florida Department of	State:
\$35 Filing Fee \$43.75 Filing Certificate of	Status Certified Copy Certifi (Additional copy is Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address	Street 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

HENRY SCHARRER MEMORIAL FUND, INC.		
(Name of Corporation	as currently filed with the Florida	Dept. of State)
N45138		
(Docum	nent Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Pi</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
ENLIGHTEN-MINT MINISTRIES, INC.		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	
D. If amending the registered agent and/or regi	stered office address in Florida, en	ter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:	ROBERT N. FORTNER	
	319 BAY STREET	
		la street address)
New Registered Office Address:		
	OZONA	FL Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		obligations of the position.
	RINTER	
	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		n Doe	
X Remove X Add		<u>ce Jones</u> l <u>y Smith</u>	
<u>∧</u> Auu	SY San	ly Strict	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	SD	SHARON LAMM	4618 BRAYTON TERR.N.
Add			PALM HARBOR, FL 34685
X			
Remove			
2) Change	TD	KELLY VICTORY	324 EAST LEMON STREET
Add			TARPON SPRINGS, FL 34689
X Remove			
3) Change	VD	JENNY FORTNER	89 HICKS STREET 6F
Add			BROOKLYN, NY 11201
X Remove			
4)Change	VD	SUSAN LATVALA	109 PHILLIPS WAY
Add			PALM HARBOR, FL 34683
X Remove			
5) Change	VD	ROBERT FORTNER	319 BAY STREET
X Add			OZONA, FL 34660
Remove			
0 0			
6) Change			
Add			
Remove			

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>v</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	SD	MARILYN EARHART	8825 BALFOUR ROAD
X Add			TAMPA, FL 33635
Remove			
2) Change	TD	STEVE KEHOE	925 BAYSHORE DRIVE
X Add			TARPON SPRINGS, FL 34689
Remove			
3) Change	SD	HAROLD NEWTON	1198 KINGSWAY LANE
X Add			TARPON SPRINGS, FL 34688
Remove			
۸ ۵			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
AMENDING ARTICLE A TO SHOW NEW NAME OF FLORIDA NON PROFIT CORPORATION.		
AMENDING ARTICLES TO REMOVE AND ADD DIRECTORS/OFFICERS.		

	07/15/2015	
he date of each amendment(s) at	doption:	, if other than the
ate this document was signed.		
ffective date if applicable:		
nective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
ote: If the date inserted in this bloocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendral.	ment(s)
There are no members or mem adopted by the board of direct	obers entitled to vote on the amendment(s). The amendment(s) was/cors.	were
07/15/2015 Dated	5	
Signature		
have not be	Suhan or vice chairman of the board, president or other officer-if direct selected, by an incorporator — if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	
TERRY	FORTNER	; •
	(Typed or printed name of person signing)	
	•	;.
P/D		

(Title of person signing)