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Amend

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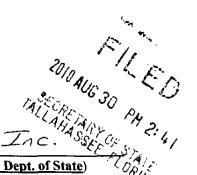
## **COVER LETTER**

TO:	Amendment Section
•	<b>Division of Corporations</b>

NAME OF CORPORATION: DESCEND	ING DOVE MINIS	stries, Inc.
DOCUMENT NUMBER: N990000	02020	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
HERBERT L. MCN	Air JR.	
(Name of	Contact Person)	
DESCENDING DOVE N	inistries, INC.	
(Firm	n/ Company)	
P.O. Box 262		
(,	Address)	
Loxahatchee, FL	33478	
(City/ Sta	te and Zip Code)	
E-mail address: (to be use	d for future annual report notific	ation)
For further information concerning this matter, please	e call:	
Herber L. Me Nain JR (Name of Contact Person)	at (	
(Name of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check for the following amount made p		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<b>Mailing Address</b>	Street Address	is enclosed)
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	ons
Tallahassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



Articles of Incorporation
of

DESCENDING DOVE MINISTRIES, Inc. SEE CO. S. A. (Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Int to the provisions of section 617 1006. Florida Statutes, this Florida Not For Profit Corporation as

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:

e new name must be distinguishable and c breviation "Corp." or "Inc." <u>"Company" (</u>		
Enter new principal office address, if apprincipal office address MUST BE A STREE		
	·	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
		enter the name of the
If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
new registered agent and/or the new reg		enter the name of the
Name of New Registered Agent:	istered office address:  (Florida street address)	, Florida
<u>Name of New Registered Agent:</u>	istered office address:	· 

## 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)

Title	Name	Address	Type of Action
50	Daniel anglade	P.O. Box 262 Loxahokhee, Fl 33470	Add Remove
<u>50</u> _	Ruth MALONE	P.O. Box 262 Loxohatchee, F/ 3347	Add  Remove
	ng or adding additional Articles, enter		
(attach add	itional sheets, if necessary). (Be specif	ic)	
	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: $\frac{8/26/2018}{}$
(date of adoption is required)  Effective date if applicable:
(no more than 90 days after amendment file date)
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.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 8/26/2010 Signature Herbert Mair
Signature Herbert Mair
(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, other court appointed fiduciary by that fiduciary)
HERBERT MCNAIR
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)