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C. GOLDEN SEP 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Dr. Cupcake, Inc.				
DOCUMENT NUMB	P07000088545				
The enclosed Articles of	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:			
	John F Doctor				
•	Name of Contact Person				
	Dr. Cupcake, Inc.				
-	Firm/ Company				
	1303 Gem Circle				
-	Address				
	Rockledge, FL 32955				
-		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
* 1					
Jaoeto	r.advantage@yahoo.com	sed for future annual report i	a it (Caarlan)		
	E-mail address, 40 be us	sed for future annual report i	notrications		
For further information concerning this matter, please call:					
John F Doctor		at (321	626-5161		
Name of Contact Person Area Code & Daytir		le & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis	ing Address ndment Section tion of Corporations Box 6327	Amendi Division	Address nent Section n of Corporations Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

FILED

Dr. Cupcake, Inc.	2017 SEP 13 AM 11: 30
(Name of Corporation as c	urrently filed with the Florida Dept. of State) 37/ATE ANASSEE, FLORID
	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporat	tion:
En Gedi Ministries, Inc.	The new
	poration," "company," or "incorporated" or the abbreviation ;" or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	n/a
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent	
File	orida street address)
n/a	
New Registered Office Address:	, Florida (City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature of	f 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		n/a	
Add			
Remove			
2) Change		n/a	
Add			
Remove			
3) Change		n/a	
Add			
Remove			4
4) Change	J	n/a	
Add			
Remove			
5) Change		n/a	
Add			
Remove			
6) Change		n/a	
Add			
Remove			

 E. If amending or adding additional Arti (Attach additional sheets, if necessary). 	(Be specific)
n/a	
•	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the amending it users.
n/a	

The date of each amendment(date this document was signed.	s) adoption:	, if other than the
• • • • •	09/01/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements a Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wei	adopted by the shareholders. The number of votes cast for the americ sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder action act	areholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	older
9/1/201	7	
DatedSignature	he A Doel	
sel	e a director, president or other officer – if directors or officers have needed, by an incorporator – if in the hands of a receiver, trustee, or officially by that fiduciary)	
	John F Doctor	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	