

15000006053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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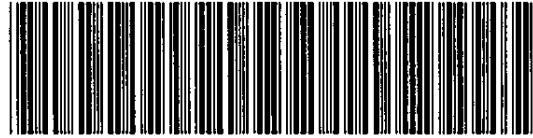
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Deliverance Outreach Ministries of Ocala, Inc

**DOCUMENT NUMBER:** N1500006053

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyrone Oliver  
(Name of Contact Person)

Deliverance Outreach Ministries of Ocala, Inc  
(Firm/ Company)

821 NE 36th Terrace Suite 10  
(Address)

Ocala, FL 34477  
(City/ State and Zip Code)

tyroneoliver50@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyrone Oliver at 352 615-2354  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$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)

**Mailing 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

Deliverance Outreach Ministries of Ocala, Inc

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

N1500006053

(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:**

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:** \_\_\_\_\_  
*(Principal office address MUST BE A STREET ADDRESS)*

**C. Enter new mailing address, if applicable:** \_\_\_\_\_  
*(Mailing address MAY BE A POST OFFICE BOX)*

**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:**

*Name of New Registered Agent:* \_\_\_\_\_

\_\_\_\_\_  
*(Florida street address)*

*New Registered Office Address:*

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

**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*

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**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

The specific purpose for which the corporation is initially organized is to establish and oversee places of worship, teach and preach the gospel to all people, conduct evangelistic and humanitarian outreach, license and ordain ministers of the gospel, facilitate rehabilitation through various forms of support and to also engage in activities which are necessary, suitable or convenient for the accomplishment of that purpose, or which are incidental thereto or connected therewith which are consistent with Section 501 (c)(3) of the Internal Revenue Code. This corporation is organized and operated for religious purposes within the meaning of section 501(c)(3). Deliverance Outreach Ministries serves as a place for the underserved, at-risk, and displaced individuals seeking medical, dental, physical therapy, and chiropractic services as well as counseling, life skills, and education to improve their physical, social, mental, emotional, and spiritual wellness. This faith organization will offer medical services, laboratory services, homeless services, counseling, referrals, and Florida Access computer services to the uninsured, underinsured, and homeless populations within the local community and food deserts. Deliverance Outreach Ministries will promote these any other services to promote health and wellness to those in need.

07/03/2016

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

07/05/2016

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 7-6-16

Signature Tyrone Oliver

(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)

Tyrone Oliver  
\_\_\_\_\_  
(Typed or printed name of person signing)

President/Director  
\_\_\_\_\_  
(Title of person signing)