

N93000001493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

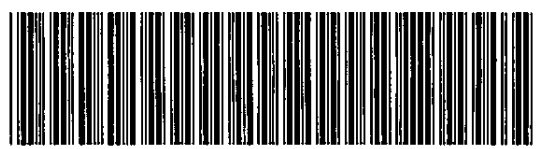
(Business Entity Name)

(Document Number)

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2016 SEP 22 PM 12:59  
DIVISION OF CORPORATIONS  
STATE OF CALIFORNIA

OCT -5 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2016

FAYE MILLER / NEW LIFE MINISTRIES      2ND MAIL  
11450 NW 56TH DR.  
CORAL SPRINGS, FL 33076 US

SUBJECT: NEW LIFE MINISTRIES CHURCH OF THE LIVING GOD, INC.  
Ref. Number: N93000001493

We have received your document for NEW LIFE MINISTRIES CHURCH OF THE LIVING GOD, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please fill out the complete form. We do not file just the first page. You have to include all four pages. The last page has to be signed by an officer of director.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 216A00016143

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NEW LIFE MINISTRIES CHURCH OF THE LIVING GOD INC

**DOCUMENT NUMBER:** N93000001493

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

Please return all correspondence concerning this matter to the following:

CURTIS T MILLER  
(Name of Contact Person)

NEW LIFE MINISTRIES CHURCH OF THE LIVING GOD INC  
(Firm/ Company)

2487 NW 21 ST  
(Address)

~~FT LAUD~~ FORT LAUDERDALE FLORIDA 33311  
(City/ State and Zip Code)

MILLER.CURTIS@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CURTIS T MILLER at 754-264-2204  
(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

NEW LIFE MINISTRIES CHURCH OF THE LIVING GOD INC

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

N93000001493

(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:**

NEW LIFE LEARNING CENTER INC 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)

2487 NW 21 ST  
FT LAUD FL 33311

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

11450 NW 56 DR APT 115  
CORAL SPRINGS FL 33076

**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:

11450 NW 56 DR CORAL SPRINGS FL  
(Florida street address)

New Registered Office Address:

CORAL SPRINGS, Florida 33076  
(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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**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |          |                         |                                  |
|--|----------|-------------------------|----------------------------------|
| 1) <input type="checkbox"/> Change         | <u>D</u> | <u>RIVELIND LEWIS</u>   | <u>UNKNOWN</u>                   |
| <input type="checkbox"/> Add               |          |                         |                                  |
| <input checked="" type="checkbox"/> Remove |          |                         | <u>by the</u>                    |
| 2) <input type="checkbox"/> Change         | <u>S</u> | <u>MELINDA SCOTT</u>    | <u>UNKNOWN</u>                   |
| <input type="checkbox"/> Add               |          |                         |                                  |
| <input checked="" type="checkbox"/> Remove |          |                         |                                  |
| 3) <input type="checkbox"/> Change         | <u>D</u> | <u>ALFONSO SMITH</u>    | <u>UNKNOWN</u>                   |
| <input type="checkbox"/> Add               |          |                         |                                  |
| <input checked="" type="checkbox"/> Remove |          |                         |                                  |
| 4) <input type="checkbox"/> Change         | <u>D</u> | <u>JEANETTE GAINES</u>  | <u>DECEASED</u>                  |
| <input type="checkbox"/> Add               |          |                         |                                  |
| <input checked="" type="checkbox"/> Remove |          |                         |                                  |
| 5) <input type="checkbox"/> Change         | <u>D</u> | <u>CHRISTINE FIELDS</u> | <u>UNKNOWN</u>                   |
| <input type="checkbox"/> Add               |          |                         |                                  |
| <input checked="" type="checkbox"/> Remove |          |                         | <u>by the</u>                    |
| 6) <input type="checkbox"/> Change         | <u>D</u> | <u>Eddie L. Miller</u>  | <u>1103 SW 15 ST</u>             |
| <input checked="" type="checkbox"/> Add    |          |                         | <u>APT 101</u>                   |
| <input type="checkbox"/> Remove            |          |                         | <u>DEER FIELD BEACH FL 33441</u> |



The date of each amendment(s) adoption: SEPTEMBER 30, 2016, if other than the date this document was signed.

Effective date if applicable: OCTOBER 24, 2016  
(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.

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DIVISION OF CORPORATE & FINANCIAL SERVICES  
STATE OF CONNECTICUT

Dated SEPTEMBER 30, 2016

Signature Curtis T Miller

(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)

CURTIS T MILLER  
(Typed or printed name of person signing)

PASTOR / PRESIDENT  
(Title of person signing)