

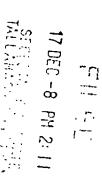
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R. WHITE DEC 1 2 2017



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations			
Now Faith!! Deliver	rance Tabernacle Inc		
760064			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Viola Forbes Spates			
	(Name of Contact I	Person)	
Now Faith!! Deliverance Tabernacle Inc.			
· · · · · · · · · · · · · · · · · · ·	(Firm/ Compar	ny)	
18459 Pines Blvd #212			
	(Address)		
Miramar FL 33029			
	(City/ State and Zip	Code)	
iminthechurch@hotmail.com			
E-mail address: (to be used	d for future annual re	port notification	1)
For further information concerning this matter, please	call:		
Viola Forbes Spates		954	907-8442
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page	ayable to the Florida	Department of S	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	0 Filing Fee icate of Status led Copy tional Copy is ised)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		treet Address mendment Secti ivision of Corpo lifton Building 661 Executive C allahassee, FL 3	orations enter Circle

## Articles of Amendment to Articles of Incorporation

FILED 17 DEC -8 PH 2:11

1	of	11 050 O PH Z:
Now Faith!! Deliverance Tabernacle Inc.		SECTION Y DELL
(Name of Corporation	on as currently filed with the Florid	da Dept. of State)
760064		
(Doc	ument Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of t	he corporation:	
'		The new
name must be distinguishable and contain the we "Company" or "Co," may not be used in the na		
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		
		<del>.</del> .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	<u>E BOX</u> )	
). If amending the registered agent and/or re new registered agent and/or the new regist		enter the name of the
Name of New Registered Agent	y - <u></u>	
	(Flo	rida street address)
New Registered Office Addres		7.11.1.7.2.7
1		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered ag		he obligations of the position.
	Signature of New Registe	ered 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 X Remove X Add	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	ST	Katrina Forbes	17488 SW 36th Street
X Add			
Remove		/	Miramar FL 33029
2) K Change	PD Founder,	(not the same person above)	17488 SW 36th St
Add Remove	Overseet Pasker		Miramer FL 33029
3) X Change	NPD ASSISHAPH (	ViOla Forbes Spates	18459 Pines Blvd Suite 212
Add	! !		Pembroxe Pines FL 33020
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additiona	ndding additional Art sheets, if necessary).	(Be specific)				
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The date of each amendment(	s) adoption:	, if other than the
date this document was signed.	November 19, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	s block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) proval.	
☐ There are no members or n adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Novem Dated(	aber 19, 2017	
Signature 2		
have no	chailman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
Vio	la Forbes Spates	
<del></del> -	(Typed or printed name of person signing)	
	l .	
Vied	e President / Assistant Pastor	
	(Title of person signing)	