# N01000000809

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2010 JUN 10 PM 2: 07
SECRETARY OF STARE
TABLEAN ASSEE, FLORIDA

180/10/10

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPO                             | RATION: ANGEL OF L                         | OVE MINISTRIES, INC   |   |
|---|--|---|---|
| DOCUMENT NUM                              | BER: N01000000809                          |   |   |
| The enclosed Articles                     | of Amendment and fee are su                | bmitted for filing.   |   |
| Please return all corre                   | spondence concerning this ma               | tter to the following:  |   |
| ***************************************   |  | Arthur L. Day   | <u> </u>  |
|   | (Name o                                    | f Contact Person)   |   |
| <del></del>                               | (Firr                                      | n/ Company)   |   |
|   | 3140 N                                     | W 165 Street  |   |
|   | (  | (Address)   |   |
| **************************************    |  | ardens, FI 33054  |   |
|   | (City/ Sta                                 | ate and Zip Code)   |   |
|   | E-mail address: (to be use                 | ed for future annual report notifica                                | tion)   |
| For further information                   | on concerning this matter, pleas           | se call:  |   |
| Rev. Arthur L. Da                         |  | at ( 305 ) 450-9617   |   |
| (Name                                     | of Contact Person)                         | (Area Code & Daytim   | ne Telephone Number)  |
| Enclosed is a check for                   | or the following amount made               | payable to the Florida Department                                   | of State:   |
| <b>Z</b> \$35 Filing Fee                  | \$43.75 Filing Fee & Certificate of Status | ■ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ■ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|   | ng Address                                 | Street Address  | ,   |
|   | dment Section                              | Amendment Section   |   |
| Division of Corporations<br>P.O. Box 6327 |  | Division of Corporation Clifton Building                            | ıs  |
| Tallahassee, FL 32314                     |  | 2661 Executive Center   | Circle  |
| 1 4114140500, 1 L J2J 17                  |  | Convenier Collect   | <del></del>   |

Tallahassee, FL 32301

#### **Articles of Amendment** to Articles of Incorporation of

FILED

2818 JUN 10 PH 2: 07

# Angel of Love Ministries, Inc

Angel of Love Millioures, inc.

(Name of Corporation as currently filed with the Florida Dept. of State PETARY OF STATE AREAHASSEE. FLORIDS

### N01000000809

|  | than of Company ion | (if Imarum)                            |                               |  |
|--|---------------------|--|-------------------------------|--|
| (Document Nun  | nber of Corporation | (II Known)                             |                               |  |
| Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In |                     | is <i>Florida Not For I</i>            | Profit Corporation adopts     |  |
| A. If amending name, enter the new name of the corporation:                                      |                     |  |                               |  |
| The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o            |                     |  | corporated" or the            |  |
| B. Enter new principal office address, if app  | olicable:           |  |                               |  |
| (Principal office address MUST BE A STREE  |                     |  |                               |  |
|  | -                   |  |                               |  |
|  |                     |  |                               |  |
|  |                     |  |                               |  |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)               |                     |  |                               |  |
| (1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2   |                     |  |                               |  |
|  |                     | ************************************** |                               |  |
|  | _                   |  |                               |  |
|  |                     |  |                               |  |
| D. If amending the registered agent and/or new registered agent and/or the new regis             |                     |  | iter the name of the          |  |
|  |                     |  |                               |  |
| Name of New Registered Agent:  | Rev. Ai             | thur L. Day                            | <del></del>                   |  |
|  | 3140 NV             | V 165 Street                           |                               |  |
| New Registered Office Address:   | (Florida            | street address)                        | _                             |  |
|  | Miami               | Gardens                                | Florida 33054                 |  |
|  |                     | (City)                                 | , Florida 33054<br>(Zip Code) |  |
|  |                     |  | · -                           |  |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered      |                     |  | ept the obligations of the    |  |
| position.  |                     | ma, win una acce                       | pr me obligations of me       |  |
|  | X                   |  |                               |  |
|  | Signature of New Re | egistered Agent, if ch                 | anging                        |  |
|  | ٦ '                 |  |                               |  |

Page 1 of 3

# 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) Type of Action Address Title Name ☐ Add ☐ Remove \_ 🔲 Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Article III The specific purpose for which this corporation is organized is to develop and maintain a Coalition of Ministries, on both the national and international levels to spread the doctrine of love as offered and directed by God. Paragraph 1 Said corporation is organized exclusively for charitable, religious and educational purposes, themaking of distribution to organizations that qualify as exempt organizations under section 501(c)3 of the Internal Revenue Code or corresponding section of any future tax code. ArticleVI Dissolution On the dissolution or winding up of said corporation, all assets remaining after payment, or provisions of payment of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation, which is organized and operated exclusively for Religious, Charitable and Educational purposes under section 501(c)3 of the Internal

Revenue Code. All articles and/or amendments of the corporation shall be terminated.

| The date of each amendment(s) adoption: _                                  | J5/28/2010  |
|--|---|
| `,   | (date of adoption is required)  |
| Effective date <u>if applicable</u> :                                      |   |
|  | ore than 90 days after amendment file date)                           |
| • • • •  |   |
| Adoption of Amendment(s)   | HECK ONE)   |
| The amendment(s) was/were adopted by the was/were sufficient for approval. | ne members and the number of votes cast for the amendment(s)          |
| There are no members or members entitle adopted by the board of directors. | d to vote on the amendment(s). The amendment(s) was/were              |
| Dated_05/28/2010   |   |
| Signature <u>Francin</u>   | a D. Sorey  |
|  | r vice chairman of the board, president or other officer-if directors |
|  | cted, by an incorporator - if in the hands of a receiver, trustee, o  |
| other court appoint  | ed fiduciary by that fiduciary)                                       |
|  | Francina B. Storey  |
| Γ)   | yped or printed name of person signing)                               |
|  | ED  |
| =======================================                                    | (Title of person signing)   |

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