

NO10000003873

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend & N/C

TB

2-16-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: True Life Ministries, Where Holiness is the only True way to Live, Inc.

DOCUMENT NUMBER: NO 1000003873

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

Please return all correspondence concerning this matter to the following:

Apostle Jerry L. Godbolt
(Name of Contact Person)

True Life Ministries
(Firm/ Company)

11122 SW 166 Turn ~~At~~
(Address)

Miami, Florida 33157
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jerry L. Godbolt at (305) 283-0022
(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

True Life Ministries, Where Holiness is the only True Way to Live, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 100000 3873

(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:

Nation of Life Ministries, 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)

11122 SW 166 TERRACE
MIAMI, FL. 33157

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

17021 SOUTH DIXIE HWY
MIAMI, FL. 33157

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:

New Registered Office Address:

_____ (Florida street address)

_____ (City)

Florida
(Zip Code)

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TALLAHASSEE, FLORIDA

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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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DV</u>	<u>Quinette P. Godbolt</u>	<u>1122 SW 166 70th Ave</u> <u>Miami, FL 33157</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Hannah Godbolt</u>	<u>3363 Percival Ave</u> <u>Coconut Grove, FL 33133</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>Pastor Cheryl Cooper</u>	<u>27025 SW 142 Place</u> <u>Homestead, FL 33032</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

VP Deacon Cornelious McMillan - 24301 SW 107 Ave
Homestead, FL 33032

D Latonya Claridy - 21500 SW 109 Court
Miami, FL 33189

D Xzavior Brooks - 20155 SW 79 Court
Miami, FL 33189

The date of each amendment(s) adoption: _____

2/3/09

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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 _____

2/3/09

Signature _____

Apostle Jerry L. Godbolt

(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)

Terry L. Godbolt

(Typed or printed name of person signing)

Apostle / President

(Title of person signing)