## N02000006387

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Abundant In Jesus Christ, Inc.	Life Delivera	uce Ministries	
DOCUMENT NUMBER: NO 200000			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Dedra Pr (Name of C	octor		
" <u>"</u>	V/A "		
P. D. Box	Company) //37		
(Ad	ldress)		
St. Augustine, (City/ State	Honda 30 and Zip Code)	7085	
PROCTURM to Be used	COL, COM for future annual report notificati	on)	
For further information concerning this matter, please of	all:		
Dedra Proctor	at (904) 444		
(Name of Contact Person)	(Area Code & Daytime	: Telephone Number)	
Enclosed is a check for the following amount made pay	able to the Florida Department of	of State:	
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address Amendment Section	•	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	i	
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center C	arcie	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

N 0 200000	<del>``</del>	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp		r Profit Corporation adop
A. If amending name, enter the new name of the	corporation:	
The new name must be distinguishable and conta	in the word "corporation" or "i	incorporated" or the
abbreviation "Corp." or " Inc." <u>"Company" or "C</u>		
B. Enter new principal office address, if applical		4**
Principal office address <u>MUST BE A STREET A</u>	DDRESS)	29 -
	<u> </u>	5
C. Enter new mailing address, if applicable:	n 0.10	
(Mailing address <u>MAY BE A POST OFFICE</u> )	<u> </u>	
	<del>.</del>	- <del> </del>
		- 5
D. If amending the registered agent and/or regis	staned office address in Vlavida	onton the name of the
new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<del></del>
		Florido
*********	(City)	, Florida (Zip Code)
	: ==	
New Registered Agent's Signature, if changing R		

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>	Name	Address	Type of Action
eseer/	Samuel McBusnett rator Brenda McBusn	P. D. Box II	DAdd □ Remove
dent	. 1	BROOKLYN, NY 112	
lministr	rator Brenda McBurg	vett 141-16 Linden	Blut Add
		Samaica, NY 11436	
1 <del>5.1.</del>			_ ☐ Add ☐ Remove
			Li Kemove
	g or adding additional Articles, enter		
(attach add	itional sheets, if necessary). (Be speci	fic)	
	Author the survey of the surve		
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The date of each amendment(s) adoption: Hugust 12 30//
(date of adoption is required)
Effective date if applicable:   /mmediafely  (no more than 20 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 August 10, 2011 Signature Dedra Process
(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, o other court appointed fiduciary by that fiduciary)
Dedra Proctor  (Typed or printed name of person signing)
Vice President (Title of person signing)