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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NEW LI	FE FELLOWSH	IIP CHUR	CH, INC	
DOCUMENT NUMBER:	N02000	0006715			
The enclosed Articles of Amendment	and fee are sub	mitted for filing.			
Please return all correspondence conce		_	rg:		
·	J				
	Pr.	ILMAR ALVE		A	
		Name of Conta			
	<i>-</i> -	AD LIFE CHUR			
	7.	Firm/ Con 60 S. MILITAR			
		Addres			
	Dee	Adare: RFIELD BEAC		42	
		City/ State and		T.	
		·	·		
		CHURCHUSA@	-		
E-man add	iress: (10 be use	d for future annu	ат терон т	offication)	
For further information concerning thi	s matter, please	call:			
Pr. ILMAR ALVES PEREI	RA	at (954	732-8185	
Name of Contact Perso	n		Area Cod	& Daytime Telephone	Number
Enclosed is a check for the following a	imount made pa	ayable to the Flo	rida Depar	tment of State:	
	Filing Fee & te of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	У	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section	1		Street A	ddress tent Section	
Division of Corporat			Division	of Corporations	
	14				810
Division of Corpora P.O. Box 6327 Tallahassee, FL 323			The Ce	of Corporations htre of Tallahassee Monroe Street, Suite	810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

NEW LIFE FELLOWSHIP CHURCH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N02000006715 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: AD LIFE CHURCH, INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: ___ , Florida (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Do		
-				
X Remove	V	Mike Jo	<u>nes</u>	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
	_			
				
			<u> </u>	
		- -		
		•		
				
				
				
f an amendment provides for an exch	anga radawificati	ion or consollation	an of icenad share	
provisions for implementing the ame	ndment if not cont	ained in the ame	ndment itself:	3,
(if not applicable, indicate N/A)				
-,				
				-

	AUGUST/23/2024	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	AUGUST/23/2024	
Effective date <u>if applicable</u> :	(
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehol	lder action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amessufficient for approval.	ndment(s)
	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	•
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
select	director, president or other officer - if directors or officers have not ed, by an incorporator of the hands of a receiver, trustee, or ot med fiduciary by that fiduciary) Pr. ILMAR ALVES PEREIRA	ot been her court
	(Typed or printed name of person signing)	
	PRESIDENT AND SENIOR PASTOR	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NEW LIFE FELLOWSHIP CHURCH, INC					
DOCUMENT NUMBER:	CUMENT NUMBER: N02000006715					
The enclosed Articles of Amendment	nd fee are submitted for filing.					
Please return all correspondence cond	ming this matter to the following:					
	Pr. ILMAR ALVES PEREIRA					
	Name of Contact Person					
	AD LIFE CHURCH, INC					
	Firm/ Company					
	360 S. MILITARY TRAIL					
	Address					
DEERFIELD BEACH, FL 33442						
	City/ State and Zip Code					
	LIFECHURCHUSA@GMAIL.COM					
E-mail ad	ess: (to be used for future annual report notification)					
For further information concerning th	LA 954 732-818	5				
Name of Contact Pers	at ()	Felephone Number				
Enclosed is a check for the following	mount made payable to the Florida Department of State	::				
	iling Fee & S43.75 Filing Fee & S52.50 Fil e of Status Certified Copy (Additional copy is enclosed) (Additional is enclosed)	of Status Copy I Copy				
Mailing Address Amendment Sectio Division of Corpore P.O. Box 6327 Tailahassee, FL 32	The Centre of Tallah	nassee				

Tallahassee, FL 32303