# 1030000565

| Jacksonville; Fl. 3,226  | 300210092273  |
|--|---|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number) | 07/20/1101016010 **52.50                              |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer:       | ZIN JUL 27 AHII: 45 SECRE BAN OF TALLAHASSEE, PLORIDA |

Office Use Only



July 21, 2011

VICTOR G. CASTILLEJA 13756 VICTORIA LAKES DRIVE JACKSONVILLE, FL 32226

Ref. Number: 300210092273

We have received your document for and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WE HAVE RECEIVED YOUR CHECK FOR \$52.50 AND PART OF YOUR ARTICLES OF AMENDMENT. YOUR AMENDMENT WAS INCOMPLETE AND THERE WAS NO CORPORATION NAME LISTED ON YOUR DOCUMENT. WE SEARCHED OUR RECORDS BUY THE OFFICER THAT SIGNED PLEASE REVIEW THE ENCLOSED PRINTOUT TO SEE IF THIS IS THE CORRECT CORPORATION YOU ARE TRYING TO FILE UNDER AND RETURN FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 411A00017294

PIECEIVED

11 JUL 27 AM 8: 01

SECRETARY OF STATE
TALLAHASSEE, FLORINA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO         | DRATION: Judah   | Tribe Mir   | notrice                | Inc.  |
|-----------------------|--|---|------------------------|---|
| DOCUMENT NUM          | MBER: NO3000   | 005615  |                        |   |
| The enclosed Article  | es of Amendment and fee are subm   | nitted for filing.  |                        |   |
| Please return all cor | respondence concerning this matte  | r to the following:   |                        |   |
|                       | Victor G (Name of C  | Castill<br>Contact Person)  | leja                   |   |
| _                     | Juday Tribe (Firm/   | Ministrie Company)  | es Inc                 | <u>,                                      </u>  |
|                       | 13756 W  | ctoria Lak  | co Dr.                 |   |
|                       | Jacksonville, f. (City/State   | <b></b>   |                        |   |
|                       | City/State  Pastere nhe's  E-mail address: (to be used                       |   |                        | <del>)</del>  |
| For further informat  | ion concerning this matter, please   | call:   |                        |   |
| Victor G. C           | e of Contact Person)   | _at ( <b>9</b> 04 )   | 502-0                  | 7450  |
| (Nain                 | e of Contact Person)   | (Area Cod   | e & Daytime T          | 'elephone Number)   |
| Enclosed is a check   | for the following amount made page   | yable to the Florida I  | Department of S        | State:  |
| □\$35 Filing Fee      | ☐ \$43.75 Filing Fee & Certificate of Status                                 | \$43.75 Filing F<br>Certified Copy<br>(Additional copy i<br>enclosed) | S                      | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Ame<br>Divi<br>P.O.   | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Clifton Bui<br>2661 Exect   | t Section Corporations | cle   |

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



# Judah Tribe Ministries (Name of Corporation as currently filed with the Florida Dept. of State)

### N03000005615

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

| New Hope Church of   | f Jacksonville, Inc.                             |                     |
|--|--|---------------------|
| he new name must be distinguishable and contain t<br>bbreviation "Corp." or "Inc." <mark>"Company" or "Co."</mark> |  | ncorporated" or the |
| Enter new principal office address, if applicable:<br>Principal office address <u>MUST BE A STREET ADD</u>         |  |                     |
|  |  |                     |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)                                | <u> </u>   |                     |
| •  |  |                     |
|  |  |                     |
| IVamending the registered agent and/or registere   | ed office address in Florida, e                  | nter the name of th |
| If amending the registered agent and/or registered new registered agent and/or the new registered of               |  | nter the name of th |
|  |  | nter the name of th |
|  |  | nter the name of th |
| new registered agent and/or the new registered of New Registered Agent:  | ffice address:                                   | nter the name of th |
| new registered agent and/or the new registered of New Registered Agent:  | ffice address:                                   |                     |
| new registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:    | ffice address:  (Florida street address)  (City) | , Florida           |
| new registered agent and/or the new registered of New Registered Agent:  | ffice address:  (Florida street address)  (City) | Florida(Zip Cade)   |

Signature of New Registered Agent, if changing

No changes

# 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)

| Title                 | <u>Name</u>  | Address                                 | I vpe of Action |
|-----------------------|--|---|-----------------|
|                       | <u></u>  |   |                 |
|                       |  |   | [ ] D           |
|                       | <del></del>  |   | Add Remove      |
| E if amendation and a | ling or adding additional Articles dditional sheets, if necessary). (E | s, enter change(s) here:<br>e specific) |                 |
|                       |  |   |                 |
|                       |  |   |                 |
|                       | •  |   |                 |
|                       |  |   |                 |
|                       |  |   |                 |
|                       |  |   |                 |
|                       |  |   |                 |
|                       |  |   |                 |
|                       |  |   |                 |
|                       |  |   |                 |
|                       |  |   |                 |

| The date of 6 | each amendment(s) adoption: September 18, 2010   |
|---------------|--|
|               | (date of adoption is required) e if applicable: July 18, 2011  |
|               | (no more than 90 days after amendment file date)   |
| Adoption of   | Amendment(s) (CHECK ONE)   |
|               | dment(s) was/were adopted by the members and the number of votes cast for the amendment(s) sufficient for approval.  |
|               | e no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.   |
|               | Dated_July 13, 2011  |
|               | Signature Victor & Contillay   |
|               | (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) |
|               | Victor G Castilleja  |
|               | (Typed or printed name of person signing)  |
|               | President  |
|               | (Title of person signing)  |

Page 3 of 3