## N04000004766

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Only/Otato/Zip/) Notice ny		
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(Basiliess Eliaky Hallie)		
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BOR 6/3/11

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF COR	PORATION: Redeeming Wo	ord of Truth Ministries, In	C.
DOCUMENT NU	MBER: N0400004766		
The enclosed Artic	cles of Amendment and fee are sub	mitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
	· · · · · · · · · · · · · · · · · · ·	on Lennox	
	(Name of	Contact Person)	
	(Firm/	(Company)	
	42 Spinnir	ng Wheel Lane	
	(A	.ddress)	
	Tamarac (City/ State	, FL 33319 e and Zip Code)	
		4u@aol.com	
		for future annual report notification	on)
For further informa	ation concerning this matter, please	call:	
Eular Nelson		at ( 954 ) 309-4280	
(Nai	me of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a checl	k for the following amount made pa	yable to the Florida Department of	f 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)
Ar Di P.G	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	•

Tallahassee, FL 32301

## **Articles of Amendment**

**Articles of Incorporation** of

Redeeming Word	of Truth Ministries, Inc.	ILLED
(Name of Corporation as curre	ently filed with the Florida Dept.	of SPACE) MAY 31 DM .
N04	000004766	SECRETARY
(Document Num	nber of Corporation (if known)	SECRETARY OF STATE FALLAHASSEE, FLORID
Pursuant to the provisions of section 617.1006, he following amendment(s) to its Articles of In		
If amending name, enter the new name of	f the corporation:	
Redeeming Word of T	Fruth Community Outreach, Ir	nc.
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o		
B. Enter new principal office address, if app Principal office address MUST BE A STREE		
The party of the state of the s		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r	egistered office address in Florid	a, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered cosition.		accept the obligations of th
S	ignature 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) **Title** <u>Name</u> <u>Address</u> **Type of Action** \_\_ 🔲 Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 5-25-11			
Effective date if applicable:	(date of adoption is required)		
(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)		
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.		
Dated <u>5 - 2 s</u> Signature	5-11		
(By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of burt appointed fiduciary by that fiduciary)		
	Sharon Lennox		
	(Typed or printed name of person signing)		
_	President		
	(Title of person signing)		

Page 3 of 3