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APR 1 4 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: New Begi	mings Int'l	2 horch
DOCUMENT NUME	BER: 100000	09187	
The enclosed Articles	of Amendment and fee are sub-	nitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
<u> </u>	Ponnie Jo (Name of	Contact Person)	
Ne	w Beginnings In	Company)	
_13	910 NFIOrida	ddress)	
To	ampa, P1 30 (City/State	3613 e and Zip Code)	
Pastorobasie yahoo. Com E-mail address: (to be used for future annual report notification)			
For further information	n concerning this matter, please	call:	
Ronnie J.	.6947	at (813) 52	7-8411
(Name o	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check fo	r the following amount made pa	nyable to the Florida Departmen	nt of State:
□\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certificd Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address Idment Section on of Corporations lox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation

2010	FILED
TALLAS	APRIZ MIII:31
Inc.	ARIZ AHII: 31 SSEE. FLORIDE
	.0%

Name of Corporation as currently filed with the Florida Dept. of State)

NO 400009 (87

(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:

the following amendment(s) to its Articles of Incorporation	on:	
A. If amending name, enter the new name of the corp	oration:	
Abundant Life Ministrie The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." n		y INC porated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS) NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		er the name of the
Name of New Registered Agent:	NIA	-
New Registered Office Address:	(Florida street address)	_
	(City)	_, Florida (Zip Code)
New Registered Agent's Signature, if changing Regists I hereby accept the appointment as registered agent, position.		t the obligations of the
	NIA	
Signature o	of New Registered Agent, if chai	าย่ทย

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>	Type of Action
	NIA		☐ Add☐ Remove
	NIA		☐ Add
	NIA		
E. <u>If amer</u> (attach	nding or adding additional Articles, en additional sheets, if necessary). (Be sp	<u>ter change(s) here</u> : pecific)	
	A) [\triangle	
	, 0	,	
			

The date of each amendment(s) adoption: 5 April 2610
(date of adoption is required)
Effective date if applicable: 5 PM / 2010
(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 east 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 7 April 2010
Signature (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)
(Typed or printed name of person signing)
President (Title of person signing)