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2022 JAN 31 AM II:

cf 2/11/2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NEW DIVINE APONAME OF CORPORATION:	OSTOLIC MINISTRY OF FORT LAUDERDALE, INC.	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
CHUCK MOGBO		
	(Name of Contact Person)	
CHUCK MOGBO, P.A		
	(Firm/ Company)	_
4782 W. COMMERCIAL BLVD		
	(Address)	_
TAMARAC, FL 33319		
	(City/ State and Zip Code)	
cmogbo@bellsouth.net		
E-mail address: (to be use	ed for future annual report notification)	_
For further information concerning this matter, pleas	se call:	
CHUCK MOGBO	954 739-4669 	
(Name of Contact Perso	on) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		
Mailing Address Amendment Section	Street Address Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## FILED

NEW DIVINE APOSTOLIC MINISTRY OF FORT LAUDERDALE, INC.

2022 JAN 31 AM 11: 38

(Name of Corporation as currently filed with the Flori	da Dept. of State)	SECRETARY OF STATE	
N05000003384 TALLAHAS			
(Document N	umber of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	Profit Corporation adopts the following	
A. If amending name, enter the new name of the corp.	oration:		
		The new	
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorporated"	or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		
	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, e	nter the name of the	
	ec address.		
Name of New Registered Agent:			
New Registered Office Address:	(Flori	ida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered agent. I ar		e obligations of the position.	

Signature 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)

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	JANETTE RICKETTS	5098 NW 43RD COURT LAUDERDALE LAKES
x Remove			FL 33319
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	•		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additions.	onal Articles, enter change(s) here: essary). (Be specific)	
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		01/04/2022				
The date of each amendment	t(s) adoption: _	<del></del>	<u>_</u>			, if other than the
date this document was signed	i <b>.</b>					
Tree of the terminal	01/04/2022					
Effective date if applicable:			<u> </u>	21 .		<u> </u>
	(no	more than 90 days	after amendmen	it file date)		
Note: If the date inserted in the document's effective date on t	nis block does n he Department	ot meet the applica of State's records.	ble statutory filir	ng requiremen	nts, this date will	not be listed as the
Adoption of Amendment(s)	( <u>C</u>	CHECK ONE)				
☐ The amendment(s) was/was/were sufficient for a	vere adopted by oproval.	the members and the	he number of vol	tes cast for th	e amendment(s)	

Dated	01/27/2022
	TO Sol
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)
	CLARENCE GUNTER
	(Typed or printed name of person signing)
	PRESIDENT