## NO6 000004130

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to ruing Officer.

Office Use Only



400351197224

08/28/20--01021--004 \*\*35.00

2020 ATT 28 PH 12: 23

C GOLDEN 661 1 1 2020

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	on: <u>Jerusalem Ar</u>	postolic Pentecostal Outreach Lifeline Ministries, Inc
DACHSENT SUSANDA	N10600000444	20
DOCUMENT NUMBER:	N0600000413	30
The enclosed Articles of Am	nendment and fee are sub	bmitted for filing.
Please return all corresponde	ence concerning this mat	tter to the following:
	Keisha Dun	nlap
		(Name of Contact Person)
	<u>-</u>	(Firm/ Company)
	4078 Point N	Milligan Rd
-		(Address)
	Quincy FL 3	2352
		(City/ State and Zip Code)
	keishadunla	ap@mediacombb.net
E	-mail address: (to be use	ed for future annual report notification)
For further information conc	erning this matter, please	e call:
Keisha	Dunlap	at 850-443-1583
•	Name of Contact Persor	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made p	payable to the Florida Department of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing A	<u>ddress</u>	Street Address

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

## Articles of Amendment to Articles of Incorporation of

OI.

Jerusalem Apostolic Pentecostal Outread	h Lifeline Ministries, In	C 2600 440 00 DH
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	c 2028 447 28 PH
N06000004130		
(Document N	umber of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
	N/A	The new
name must be distinguishable and contain the word "cory"Company" or "Co." may not be used in the name.	poration" or "incorporated".	
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)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		iter the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Flori	da street address)
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		e obligations of the position.
	Signature of New Registere	rd 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	PT John Do V Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u> </u>	Gaines, Maggie	8594 Roquel Ln Tallahassee FL 32312
2) K Change Add	PD	Dunlap, Vernon	4078 Point Milligan Rd Quincy FL 32352
Remove Change Add Remove	<u>_</u> S	Dunlap, Keisha	4078 Point Milligan Rd Quincy FL 32352
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
	N/A		

		<del></del>
		<del></del>
·		
	·	
	<del></del> -	
	August 1, 2020	
The date of each amendment(s) adoption: _	August 1, 2020	, if other than the
date this document was signed.		
•	A 4. 0000	
Effective date if applicable:	August 1, 2020	
(no	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of	t meet the applicable statutory filing requireme f State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	HECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	he members and the number of votes east for th	ne amendment(s)

, ,	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  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)
	Keisha Dunlap
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)