# N0600006969

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1 03/16/11 End.

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: Yahweh Minis	stries of Deliverance		
DOCUMENT NUM	1BER: <u>N</u> 0	6000006969		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.		
Please return all corr	respondence concerning this mat	ter to the following:		
		y M. Donley		
	(Name of	Contact Person)		
	(Firm	n/ Company)		
541492 Lem Turner Road				
(Address)				
Callahan, Florida 32011 (City/ State and Zip Code)				
	tmdonley E-mail address: (to be use	1@yahoo.com d for future annual report notifica	ition)	
For further informati	on concerning this matter, please	e call:		
Cra	g Donley	at (904)40		
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)	
Enclosed is a check f	or the following amount made pa	ayable to the Florida Department	of 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)	
Amer Divis P.O.	ng Address adment Section ion of Corporations Box 6327 massee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301		

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

## Yahweh Ministries of Deliverance, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

#### N06000006969

(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:

Word Of Li	ife Global Minis	tries, Inc.	
ie new name must be distinguishable and obreviation "Corp." or " Inc." <mark>"Company"</mark>	contain the word or "Co." may no	"corporation" or "in be used in the name.	ncorporated" or the
Enter new principal office address, if ap	plicable:	10640 New Kings Road	
Principal office address <u>MUST BE A STREET</u>	TET ADDRESS )	TADDRESS) Jacksonville, Florid	
Patanana mailina allana (6 and 1			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		P.O. Box 28120	
		Jacksonville, Flori	da 32226-8120
If amending the registered agent and/or new registered agent and/or the new reg		address in Florida, e	
		address in Florida, e	
new registered agent and/or the new reg	zistered office add	address in Florida, e	
new registered agent and/or the new reg	zistered office add	address in Florida, e dress:	nter the name of the
new registered agent and/or the new reg	zistered office add	address in Florida, e dress:	
new registered agent and/or the new reg	istered office add	address in Florida, ediress:  da street address)  (City)	nter the name of the

## 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>Address</u> Type of Action Title <u>Name</u> ☐ Add ☐ Remove ☐ Remove ☐ Add ☐ 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:	IVIAICII I, ZU I I
Effective date <u>if applicable</u> :	(date of adoption is required) March 1, 2011
	more than 90 days after amendment file date)
Adoption of Amendment(s) (	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entit adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were
Dated March 7	7, 2011
Signature	of Dy
have not been se	of vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)
	Craig D. Donley
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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