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PICK-UP	☐ WAIT	MAIL
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PILEU 2008 APR - I PHIZ: 45 SECRETARY OF STATE

Amend

TB 4-7-08

COVER LETTER

TO: Amendment Section Division of Corporations

name of corporation: <u>GOD's (H)</u>	IS)TRUTH IS MARCHING ON, INC.
DOCUMENT NUMBER:	000299
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Mary L. Was	nington Contact Berson)
GOD'S TRUTH IS M	RCHING ON, INC.
903 South	Broad St.
Plant City (City/ State	, FL 33563 e and Zip Code)
For further information concerning this matter	, please call:
Mary L. Washington (Name of Contact Person) Enclosed is a check for the following amount:	at (<u>813</u>) <u>486-0745</u> (Area Code & Daytime Telephone Number) 813-754-9361
\$35 Filing Fee \$\ Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

TALLAHASSEE FLORIDA

GOD'S (HIS) TRUTH IS MARCHING ON, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

(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:

NEW CORPORATE NAME (if changing):

language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
The purpose is to be amendato included an
Assisted Living Facility; in memory of my
parents) Otis, Marie (Siblings) James, Woodrowé
Jeffery. Our services are provided to families.
(To assist and care for the residents). (To enables:)
Personal Care and regain independence
physical and mental.
Adding Officer: Assistant Secretary
Cora White Warner-214 N/W 5th Ave.
Mulberry, Fl 33860
863-425-5752
(Attach additional pages if necessary) (continued)

Effective date if applicable: (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 cast
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was (were) adopted by the members and the number of votes cast
for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature Mrs. Mary L. Washingon (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.)
Mary L. Washington (Typed or printed name of person signing)
Director (Title of person signing)

FILING FEE: \$35