

N08000000299

(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:

Office Use Only



800173132658

03/26/10--01009--019 **43.75

n/c

FILED
10 APR 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONNELL APR 14 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMBASSY CENTER OF EMPOWERMENT INTERNATIONAL INC.
Name of Corporation

DOCUMENT NUMBER: NO8000000299

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL BYRD
Name of Contact Person

EMBASSY CENTER OF EMPOWERMENT INTERNATIONAL INC.
Firm/Company

2246 MEARS PARKWAY MARGATE FL
Address

MARGATE FL 33063
City/State and Zip Code

CAROLMIKEBY@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL BYRD at 954 675-1908
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2010

MICHAEL BYRD
EMBASSY CENTER OF EMPOWERMENT INTERNATIO
2246 MEARS PARKWAY
MARGATE, FL 33063

SUBJECT: EMBASSY CENTER OF EMPOWERMENT INTERNATIONAL, INC.
Ref. Number: N08000000299

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 010A00007664

RECEIVED
2010 APR 13 AM 9:00
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

EMBASSY CENTER OF EMPOWERMENT INTERNATIONAL, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000000299

(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:

A. If amending name, enter the new name of the corporation:

LOVE ALIVE DESTINY MINISTRIES, INCORPORATED

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME AS BEFORE

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS BEFORE

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED
10 APR 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

N/A

..... 4/1/10
The date of each amendment(s) adoption: _____
(date of adoption is required)

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 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 4/1/10 _____

Signature Michael Byrd
(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)

Michael Byrd
(Typed or printed name of person signing)

Pastor
(Title of person signing)