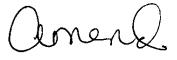
## N110000000000

| (Requestor's Name)                      |
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JUN 19 2015

## **COVER LETTER**

TO: Amendment Section Division of Corporations

٠.

| NAME OF CORPORATION            | TABERNACLE DE                                   | LOUANGE. INC                |  |  |
|--------------------------------|---|-----------------------------|--|--|
| DOCUMENT NUMBER:               | N11000000600                                    | -                           |  |  |
|                                |   |                             |  |  |
| The enclosed Articles of Am    | endment and fee are subm                        | itted for filing.           |  |  |
| Please return all corresponde  | ence concerning this matter                     | to the following:           |  |  |
| JEREMIE BOULOUTE               |   |                             |  |  |
|                                | (   | Name of Contact Person      | n)   |  |
| N/A                            |   |                             |  |  |
|                                |   | (Firm/ Company)             |  |  |
| 1639 HUDDERFIELD CIF           | R WEST  |                             |  |  |
|                                |   | (Address)                   |  |  |
| JACKSONVILLE FL 3224           | 6   |                             |  |  |
|                                | (   | City/ State and Zip Cod     | e)   | <u> </u>   |
| JEMBOULOUTE@YAHO               | O.COM   |                             |  |  |
| E                              | -mail address: (to be used t                    | or future annual report     | notification   | )  |
| For further information conc   | erning this matter, please c                    | all:                        |  |  |
| LUNEL DESRAVINES               |   | 95<br>at                    | 4  | 8710135  |
|                                | (Name of Contact Person)                        | ut (Ai                      | rea Code)  | (Daytime Telephone Number)                           |
| Enclosed is a check for the fo | ollowing amount made pay                        | able to the Florida Depa    | irtment of S   | tate:  |
| ■ \$35 Filing Fee              | □S43.75 Filing Fee & □<br>Certificate of Status |                             | Certific<br>Certific   | Filing Fee cate of Status ed Copy ional Copy is sed) |
| P.O. Box 6                     | nt Section<br>f Corporations                    | Amend<br>Divisio<br>Clifton | Address<br>Iment Section<br>on of Corpor<br>Building<br>executive Co |  |

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2115 JUN -9 PH 3: 25

## TABERNACLE DE LOUANGE INC

| (Name of Corporation as cu   | rrently filed with the Flori  | ida Dept. of State           | SEE FLORIE                |
|--|-------------------------------|------------------------------|---------------------------|
| N1100000600  |                               |                              | 1**                       |
| (Document N  | lumber of Corporation (if kn  | lown)                        | <b>1</b> ,                |
| Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:   | natutes, this Florida Not For | r Profit Corporation adopt   | ts the following          |
| A. If amending name, enter the new name of the corp  | ora <u>tion:</u>              |                              |                           |
| N/A  |                               |                              | TI.                       |
| name must be distinguishable and contain the word "corp"<br>"Company" or "Co." may not be used in the name.  | poration" or "incorporated    | " or the abbreviation "Co    | The new<br>rp." or "Inc." |
| B. Cutan many relations of the distance of the second seco | N/A                           |                              |                           |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI   | ESS)                          |                              | <del></del>               |
|  |                               |                              |                           |
|  |                               |                              |                           |
| 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  |                               | enter the name of the        |                           |
| new registered agent and/or the new registered off   | <u>ice address:</u>           |                              |                           |
| Name of New Registered Agent:  |                               |                              |                           |
| <del></del>  | (Flo                          | orida street address)        |                           |
| New Registered Office Address:   |                               |                              | •                         |
|  |                               | , Florida                    |                           |
| <del></del> -  | (City)                        | (Zip Code                    | e)                        |
| New Registered Agent's Signature, if changing Register   | word Agants                   |                              |                           |
| hereby accept the appointment as registered agent. I a   |                               | the obligations of the posit | tion.                     |
|  |                               |                              |                           |
|  |                               |                              |                           |
|  | Signature of New Pagiste      | ered 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 A Add |              | Doe<br>Jones<br>Smith |                        |
|----------------------------------|--------------|-----------------------|------------------------|
| Type of Action (Check One)       | <u>Title</u> | Name                  | <u>Addres</u> s        |
| 1) Change                        | D            | MORANGE DORELIEN      | 7039 PHILIPS HWY       |
| X Add                            |              |                       | JACKSONVILLE, FL 32216 |
| Remove                           |              |                       | US                     |
| 2) Change                        | D            | JEAN GERALD PIERRE    | 7039 PHILIPS HWY       |
| X Add                            |              |                       | JACKSONVILLE, FL 32216 |
| Remove                           |              |                       | US                     |
| 3) Change                        |              |                       |                        |
| Add                              |              | ,                     |                        |
| Remove                           |              |                       |                        |
| 4) Change                        |              |                       |                        |
| Add                              | <del> </del> |                       |                        |
| Remove                           |              |                       |                        |
| 5) Change                        |              |                       |                        |
| Add                              | <del></del>  |                       |                        |
| Remove                           |              |                       |                        |
| 0                                |              |                       |                        |
| 6) Change                        |              |                       |                        |
| Add                              |              |                       |                        |
| Remove                           |              |                       |                        |

| Ε. | If amending o | r adding | additional Articles, | enter change(s) here |
|----|---------------|----------|----------------------|----------------------|
|    |               |          |                      |                      |

(attach additional sheets, if necessary). (Be specific)

| ARTI  | $\sim$ | F | YY    | ì |
|-------|--------|---|-------|---|
| AR 11 |        | _ | A A I | п |

| <del></del>   |
|---|
| This church is not organized for profit. It is organized exclusively for charitable, religious, educational, and scientific |
| purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations   |
| described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal ta           |
| Upon the dissolution of the church, all of its assets shall be distributed to one or more exempt purposes                   |
| organizations within the meaning of section 501c3 of the internal revenue code, or any corresponding section                |
| of any future federal tax code for a public purpose. Any such assets not disposed of shall be disposed of by a cou          |
| of competent jurisdiction in the county in which the principal office of the organization is then located,                  |
| exclusively for such purposes or to such organizations, as said court shall determine which are organized and ope           |
| exclusively for such purposes.  |
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|             | The date of each amendment(s) adoption:  date this document was signed.  |   |                  |  |  |
|-------------|--|---|------------------|--|--|
|             | ective date <u>if appli</u>  | 06/15/2015  |                  |  |  |
|             |  | (no more than 90 days after amendment file date)  |                  |  |  |
| Not<br>doci | e: If the date insert ument's effective da   | ed in this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.  | be listed as the |  |  |
| Ada         | ption of Amendme   | ent(s) ( <u>CHECK ONE</u> )   |                  |  |  |
|             | The amendment(s) was/were sufficient   | was/were adopted by the members and the number of votes cast for the amendment(s) t 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  | 06/15/2015  |                  |  |  |
|             | Signature  | Jeremie Bouloute Jun 18 20151   |                  |  |  |
|             | (  | 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) |                  |  |  |
|             |  | JEREMIE BOULOUTE  |                  |  |  |
|             |  | (Typed or printed name of person signing)   |                  |  |  |
|             |  | PRESIDENT   |                  |  |  |
|             |  | (Title of person signing)   |                  |  |  |