# N11100008048

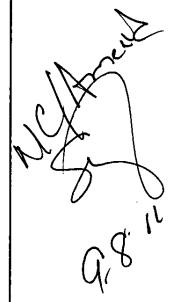
| (Re                     | questor's Name)   |           |
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| (Cit                    | y/State/Zip/Phone | ; #)      |
| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (D-                     | No.               |           |
| (100                    | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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| 1200°                   |                   |           |
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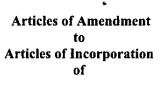


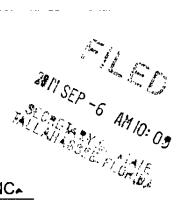


## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO          | DRATION: A NEW WAY   | OF LIFE INTERNATION  | AL MINSTIRIES, Inc  |
|------------------------|--|--|---|
| DOCUMENT NUM           | 1BER: N11000008048   |  |   |
| The enclosed Article   | es of Amendment and fee are su   | bmitted for filing.  |   |
| Please return all corn | respondence concerning this ma   | tter to the following:   |   |
| <del></del>            | SABRI  | NA W. BUTLER   |   |
|                        | (Name o  | f Contact Person)  |   |
|                        | (Fin   | m/ Company)  |   |
|                        | 2200 NW  | / 192 TERRACE  |   |
|                        | (  | (Address)  |   |
|                        |  | FLORIDA 33056  |   |
|                        | (City/ Sta   | ate and Zip Code)  |   |
|                        |  | irector@aol.com<br>ed for future annual report notificati  | on)   |
| For further informati  | on concerning this matter, pleas   | se call:   |   |
| SABRINA W. BU          | TLER   | at (305) 390-7645  |   |
| (Name                  | e of Contact Person)   | (Area Code & Daytime   | Telephone Number)   |
| Enclosed is a check f  | for the following amount made p  | payable to the Florida Department o  | f 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) |
| Ame<br>Divis<br>P.O.   | ing Address<br>indment Section<br>sion of Corporations<br>Box 6327<br>hassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | <b>,</b>  |





### A NEW WAY OF LIFE INTERNATIONAL MINISTRIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### N11000008048

(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  | of the corporation | <u>ı:</u>               |                           |
|---|--------------------|-------------------------|---------------------------|
| NEW WAY OF LIFE IN  | TERNATIONA         | L MINISTRIES, IN        | IC                        |
| The new name must be distinguishable and c<br>abbreviation "Corp." or "Inc." <u>"Company" o</u>         |                    |                         |                           |
| 3. <u>Enter new principal office address, if app</u><br>Principal office address <u>MUST BE A STREE</u> |                    |                         |                           |
| C. Enter new mailing address, if applicable   | ••                 |                         |                           |
| (Mailing address MAY BE A POST OFFI   |                    |                         |                           |
| £   |                    |                         |                           |
| ). If amending the registered agent and/or new registered agent and/or the new regi                     |                    |                         | nter the name of the      |
| Name of New Registered Agent:   |                    |                         |                           |
| New Registered Office Address:  | (Floria            | a street address)       |                           |
|   |                    | ·                       | , Florida                 |
|   |                    | (City)                  | (Zip Code)                |
| lew Registered Agent's Signature, if changi   | ng Registered Ag   | ent:                    |                           |
| hereby accept the appointment as registered osition.  | d agent. I am f    | amiliar with and acc    | ept the obligations of th |
| <del></del> -   |                    |                         |                           |
| S   | Signature of New I | Registered Agent, if ci | hanging                   |

## 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>Title</u>                 | <u>Name</u>  | Address  | Type of Action    |
|------------------------------|--|--|-------------------|
| <u>T</u>                     | Claudie Terry  | 809 NE 199th Street Unit 201 Bldg 7 Miami, Florida 33179 | ☐ Add<br>☐ Remove |
| DIR                          | LaSanda Wimberly   |  | ☐ Add<br>☐ Remove |
| DIR                          | Dewayne Hoggan   |  | ☐ Add<br>☐ Remove |
| E. If amending (attach addit | g or adding additional Articles, enter clional sheets, if necessary). (Be specific | hange(s) here:<br>:)                                     |                   |
|                              |  |  |                   |
|                              |  |  |                   |
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|                              |  |  |                   |
|                              | <del></del>  | ,  |                   |

# 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>Title</u>              | <u>Name</u>   | <u>Address</u>   | <b>Type of Action</b> |
|---------------------------|---|--|-----------------------|
| DIR                       | Rashard Terry   | 809 NE 199th Street<br>Unit 201 Bldg 7<br>Miami, Florida 33179 | □ Add<br>□ □ Remove   |
|                           | ***************************************                                   |  | □ n                   |
|                           |   |  |                       |
| E. If amend<br>(attach ad | ing or adding additional Articles,<br>ditional sheets, if necessary). (Be | enter change(s) here:<br>specific)                             |                       |
|                           |   |  |                       |
|                           |   |  |                       |
|                           |   |  |                       |
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|                           |   |  |                       |
|                           |   |  |                       |
|                           |   |  |                       |

| The date of each amendment(s) a                                  | doption: August 30, 2011  |
|--|---|
|  | (date of adoption is required)  |
| Effective date <u>if applicable</u> :                            |   |
|  | (no more than 90 days after amendment file date)                                |
| Adoption of Amendment(s)   | (CHECK ONE)   |
| The amendment(s) was/were ad was/were sufficient for approval    | lopted by the members and the number of votes cast for the amendment(s)         |
| There are no members or members adopted by the board of director | bers entitled to vote on the amendment(s). The amendment(s) was/were rs.        |
| Dated 8  | 130/11<br>100 Hogan   |
| Signature(By the   | chairman or vice chairman of the board, president or other officer-if directors |
|  | been selected, by an incorporator – if in the hands of a receiver, trustee, or  |
|  | urt appointed fiduciary by that fiduciary)                                      |
|  | 11  |
|  | Elise Hoggan  |
|  | (Typed or printed name of person signing)                                       |
|  | Setroforu   |
|  | (Title of person signing)   |