(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	

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And

R. WHITE SEP 1 3 2018 FILED 2010,SEP 12 AN 8: 10 SECRETARY OF STATE

COVER LETTER

mendment Section ivision of Corporations			1
E OF CORPORATION:	Men Life's	Journey	Ministries
JMENT NUMPER:	1110000 9624	·····	

iclosed Articles of Amendment and fee are submitted for filing.

return all correspondence concerning this matter to the following:

Name of Contact Person تم Firm/ Company 28 Address City/ State and Zip Code 137 future annual report notification address

rther information concerning this matter, please call:

Mailing Address

P.O. Box 6327

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Amendment Section

Division of Corporations

Tallahassee, FL 32314

at (Area Code & Daytime Telephone Number Name of Contact Person

sed is a check for the following amount made payable to the Florida Department of State:

35 Filing Fee

S43.75 Filing Fee & Certificate of Status

[]\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2018

DONNA BROOKS 3301 COE AVE ORLANDO, FL 32806

SUBJECT: NEW LIFE'S JOURNEY MINISTRIES, INC. Ref. Number: N11000009624

We have received your document for NEW LIFE'S JOURNEY MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 118A00017509



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassae, Florida 32314

COVER LETTER

TO: Amendment Section

Division of Corporations

Ministr Inc New OUTNEL NAME OF CORPORATION: 4622 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person' ,1C . Firm/ Comp (Address) (City/ State and Zip Code) huture annual report notification) E-mail address: (to be use For further information concerning this matter, please call: _at <u>407 440-3254</u> (Area Code) (Daytime Telephone Number) <u>1</u>10 (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

· -		
	Articles of Amendment to	FILEC
	Articles of Incorporatio of	/
Mary 1. Por Son	ana 11/ a	2018 SEP 12/AM
(Name of Corporation	as currently filed with the	e Florida Den La Stater Y DE S
ALLINCCO	091.14	IALLAHASSEE,
(Docum	ient Number of Corporation	ı (if known)
Pursuant to the provisions of section 617,1006. Flor	ida Statutes, this <i>Florida N</i>	or For Profit Corporation adopts th
amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the	corporation:	
	NIA	
name must be distinguishable and contain the word		orated" or the abbreviation "Corp
<u>"Company" or "Co." may not be used in the name</u>		
B. Enter new principal office address, if applical		<u>L</u> I/A
(Principal office address <u>MUST BE A STREET AI</u>	<u>ODRESS</u>)	
	<u> </u>	
C. Enter new mailing address, if applicable:		1.11
(Mailing address <u>MAY BE A POST OFFICE E</u>	<u>30X</u>)	&_{
		·
D. If amending the registered agent and/or regis new registered agent and/or the new registered	<u>tered office address in Flo</u> ed office address:	orida, enter the name of the
		1114
<u>Name of New Registered Agent:</u>	/	0/1
		(Florida street address)
<u>New Registered Office Address:</u>		
<u>New Registered Office Address</u> :		, Florida

D/A Signature of New Registered Agent, if changing

Page 1 of 4

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.



<i>stach additional sheets</i> ,	additional Articles, enter cl if necessary). (Be specific			
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Page 3 of 4

The date of each amendment(s) adopt date this document was signed.	tion:	, if other than th
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file (late)
<u>Note:</u> If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory tili	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of vo	stes cast for the amendment(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). T	he amendment(s) was/were
Dated 9_	7-18	
Signature_	na Rool	/
(By the chairman	n or vice chairman of the board, presiden	t or other officer-if directors
	elected, by an incorporator – if in the har ointed fiduciary by that fiduciary)	as of a receiver, dustee, of
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. . . .

Pres (Title of person signing)

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