## N 12000009498

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THE COURT

## **COVER LETTER**

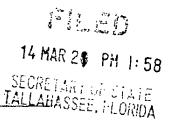
TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	<sub>N:</sub> PROPHE	TIC LIGHT	MINISTRIES
DOCUMENT NUMBER:	N12000009	498	
The enclosed Articles of Ame	ndment and fee are subn	nitted for filing.	
Please return all corresponder	nce concerning this matte	r to the following:	
SUSANA CH	IRILLO		
		(Name of Contact Person	)
		(Firm/ Company)	
PO BOX 960	637		
		(Address)	
MIAMI, FL 33	3296-0637		
	· · · · · · · · · · · · · · · · · · ·	(City/ State and Zip Code	2)
MYSE	AL@LIVE.0	CA	
E-	mail address: (to be used	for future annual report i	notification)
For further information conce	erning this matter, please	call:	
SUSANA CH	IRILLO	305	244-4056
(Name of Cor	ntact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida Depa	riment of 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)
	Mailing Address Amendment Section  Street Address Amendment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahussee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



## PROPHETIC LIGHT MINISTRIES, INC

(Name of Corporation as currently filed with the F	Clorida Dept. of State)		
N12000009498			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Floridu Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corpora	ation:		
N/A	The new		
name must be distinguishable and contain the word "corporations" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	410 SE 37 TERRACE		
(Principal office address MUST BE A STREET ADDRES	HOMESTEAD, FL 33033		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 960637		
	MIAMI, FL 33296-0637		
·			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office			
Name of New Registered Agent: N/A			
	37 TERRACE		
New Registered Office Address:	(Florida street address)		
HOMES	TEAD, Florida 33033		
(Ci			

Page 1 of 4

Signature of New Registered Agent, if changing

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.

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 X Add	PT John I V Mike SV Solly	<u>Jones</u>	
Type of Action (Check Onc)	<u>Title</u>	Name	Address
1) X Change	ST	CONCEPCION GONZALEZ DIAZ	8224 KEY ROYAL CIRCLE
Add			APT 213
Remove			NAPLES, FL 34119-6797
2) X Change	вм	(BOARD MEMBER) ANGELO LANZILLOTTI	3901 SOUTHOCEAN DR
Add	<del></del>		#C5D
Remove			HOLLYWOOD, FL 33019
3)Change	<del> </del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove		•	
6) Change			
Add			Mandred Comments of the Commen
Remove			

<mark>f amending or addi</mark> Attach additional she	ets, if necessary).	(Be specific)				
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date this document was sig	• • • • • • • • • • • • • • • • • • • •	_, it omer than the
Effective date if applical	ble:	_
	(no more than 90) days after amendment file date)	
Adoption of Amendmen	(CHECK ONE)	
The amendment(s) was/were sufficient f	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no member adopted by the board	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
Dated _	March 18, 2014 Of Cleirisco.	
Signature	Of Cleiries	
(B	by the chairman or vice chairman of the board, president or other officer-if directors	<del></del>
	wave not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SUS	SANA CHIRILLO	
	(Typed or printed name of person signing)	
PRI	ESIDENT	
<del> </del>	(Title of person signing)	

14 MAR 20 PH 1:58