

N12000009838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

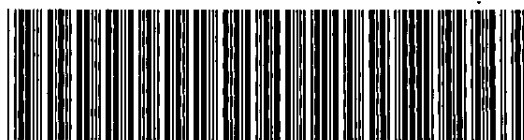
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400240426794

10/29/12--01001--015 **35.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 OCT 26 PM 3:53
NOT ATTACHED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
12 OCT 26 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Word of God Ministries of Tallahassee INC.

DOCUMENT NUMBER: 012000009838

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valarie Mitchell
(Name of Contact Person)

(Firm/ Company)

101 E. 4th Ave
(Address)

Tallahassee, FL. 32303
(City/ State and Zip Code)

Valmitch79@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valarie Mitchell at (850) 322-2538
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED

12 OCT 26 PM 4:30

SE
TALLAHASSEE, FLORIDA

Word of God ministries of Tallahassee Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

012000009830

(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:

Valarie Mitchell

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)

Valarie Mitchell

101 E. 4th Ave.

Tallahassee, FL 32303

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Valarie Mitchell

101 E. 4th Ave

(Florida street address)

New Registered Office Address:

Tallahassee, FL

(City)

32303

(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.

Valarie Mitchell

Signature of New Registered Agent, if changing

Page 1 of 4

At No Appointed Time This item can
BE AMENDED BY Corey Cameron.

Valarie Mitchell

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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☐ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change D Corey Cameron 101 E. 4th Ave
☐ Add TAIHAASSEE, FL.
☒ Remove 32303
- 2) ☐ Change D Markia Caraballo 101 E. 4th Ave
☒ Add TAIHAASSEE, FL.
☐ Remove 32303
- 3) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____
- 4) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____
- 5) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____
- 6) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____

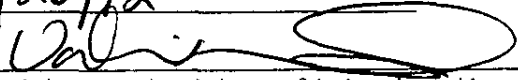
This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

The date of each amendment(s) adoption: 10/25/12

Effective date if applicable: 10/25/12
(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 10/26/12
Signature 
(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)

Valarie Mitchell
(Typed or printed name of person signing)
D
(Title of person signing)