

N13000007533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

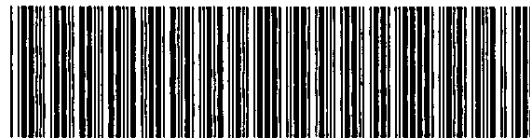
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700251271877

09/04/13--01022--024 **43.75

FILED
13 SEP -4 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP 13 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **TRINITY ABUNDANT LOVE CENTER INC.**

DOCUMENT NUMBER: **N13000007533**

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

Please return all correspondence concerning this matter to the following:

PASTOR ANGELA JOHNSON

(Name of Contact Person)

TRINITY ABUNDANT LOVE CENTER INC

(Firm/ Company)

3760 NW 115TH WAY #2

(Address)

CORAL SPRINGS FLORIDA 33065

(City/ State and Zip Code)

trinityabundantlovecenter@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PASTOR ANGELA JOHNSON at **954** **857-5608**

(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 checked="" 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

13 SEP -4 PM 1:53

TRINITY ABUNDANT LOVE CENTER INC

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

N13000007533

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

N/A

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)

N/A

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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(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.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

<u>Title</u>	<u>Name</u>
--------------	-------------

Address

PD

SENIOR PASTOR LEROY M JOHNSON

3760 NW 115TH WAY #2

X Add

CORAL SPRINGS FLORIDA 33065

Remove

2) X Change

VTS

PASTOR ANGELA M JOHNSON

3760 NW 115TH WAY #2

X Add

CORAL SPRINGS FLORIDA 33065

Remove

3) Change

S

KRISTEN MILLER

3435 SW 3RD STREET

Add

DEERFIELD BEACH FLORIDA 33442

X Remove

4) Change

S

KRYSTAL IVORY

4135 NW 88 AVE #202

Add

CORAL SPRINGS FLORIDA 33065

X Remove

5) Change

Add

Remove

6) Change Change

Add

Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

PLEASE CHANGE PASTOR LEROY M JOHNSON TO SENIOR PASTOR LEROY M JOHNSON

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

FILED

Effective date if applicable: _____ (no more than 90 days after amendment file date) 13 SEP -4 PM 1:53

Adoption of Amendment(s) (CHECK ONE)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ 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 8/27/2013

Signature

Pastor Angela Johnson

(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)

PASTOR ANGELA JOHNSON

(Typed or printed name of person signing)

VICE PRESIDENT AND SECRETARY

(Title of person signing)