

N13000010434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

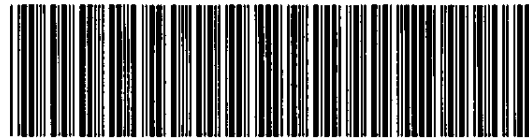
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400254778414

12/17/13--01017--001 **35.00

13 DEC 17 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
DEC 30 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Light of Life Mission Corp.

DOCUMENT NUMBER: N13000010434

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

Please return all correspondence concerning this matter to the following:

Madeleine A George
(Name of Contact Person)

Light of Life Mission Corp.
(Firm/ Company)

1156 CALA LILY COVE
(Address)

West PALM BEACH, FL 33415
(City/ State and Zip Code)

mageorge11@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madeleine A. George at (561) 478-3053
(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 checked="" 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

APPROVED
AND
FILED

13 DEC 17 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Light of Life Mission Corp.

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

N13000010434

(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:

(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

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

Type of Action
(Check One)

Title

Name

Address

| | | | |
|--|------------------|------------------------|----------------------|
| 1) <input type="checkbox"/> Change | <u>Treasurer</u> | <u>Margaret Beshai</u> | <u>130 Fern road</u> |
| <input type="checkbox"/> Add | | | <u>Lake worth</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>FL. 33461</u> |

| | | | |
|---|------------------|---------------------|------------------------|
| 2) <input type="checkbox"/> Change | <u>Treasurer</u> | <u>AWad IBrahim</u> | <u>125 S.B. street</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Lake worth</u> |
| <input type="checkbox"/> Remove | | | <u>FL. 33460</u> |

| | | | |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 3) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |

| | | | |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 4) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |

| | | | |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 5) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |

| | | | |
|------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| 6) <input type="checkbox"/> Change | <u> </u> | <u> </u> | <u> </u> |
| <input type="checkbox"/> Add | | | <u> </u> |
| <input type="checkbox"/> Remove | | | <u> </u> |

benefit of any member or individual. This corporation is organized pursuant to general nonprofit corporation law of the State of Florida.

Article IV

The board of directors of this corporation shall consist of not less than 3 directors; the directors of this corporation will be elected by members vote.

Article V

The names and addresses of the persons who are to act in the capacity of directors of this corporation until the election of their successors are as follows:

| <u>Names</u> | <u>Addresses</u> |
|--|--|
| Dr. David George Director | 1156 Cala Lily Cove West Palm Beach, Fl 33415 |
| Madeleine A. George Secretary | 1156 Cala Lily Cove West Palm Beach, Fl 33415 |
| Awad Ibrahim Treasurer | 125 S. B. Street Lake Worth Fl 33460 |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: _____
date this document was signed.

11/23/2013

Effective date if applicable: _____

11/23/2013

(no more than 90 days after amendment file date)

APPROVED
AND
FILED

if other than the

13 DEC 17 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

11/23/2013

Signature

David George

(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)

DR. DAVID GEORGE

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)