## N14000000495

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	ə #)
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## **COVER LETTER**

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TO: Amendment Section Division of Corporations				
Dyna NAME OF CORPORATION:	mic Healing a	ınd Deliverance I	Ministries International, inc	
<del></del>	0000049	95		
The enclosed Articles of Amendment ar	nd fee are submitte	ed for filing.		
Please return all correspondence concern	ning this matter to	the following:		
CLOTHEL ROSE-	BENNE	TT		
		me of Contact Person	)	
		(Firm/ Company)	····-	
3671 NW 110 Ave	nue			
		(Address)	· · · · · · · · · · · · · · · · · · ·	
Coral Springs, FL	33065			
	(Ci	ty/ State and Zip Code	)	
ministriesdy	/namic@	gmail.cor	n	
E-mail addre	ss: (to be used for	future annual report n	otification)	
For further information concerning this	natter, please call	:		
Clothel Rose-Beni	nett	<sub>at (</sub> 954	,554-0916	
(Name of Contact Person)		(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following an	ount made payab	le to the Florida Depar	rtment of State:	
	ate of Status C	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			Address	
Amendment Section Division of Corporation	ons	Amendment Section Division of Corporations		
P.O. Box 6327		Clifton	Building	
Tallahassee, FL 32314	ļ	2661 Ez	recutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Dynamic Healing and Deli	verance Minis	stries Internationa	1, Inc 14 JUL 18 PA 1.6
(Name of Corporation as current			<del></del>
N14000000495			
(Doc	ument Number of C	orporation (if known)	
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorpora		es, this <i>Florida Not For Pr</i>	ofit Corporation adopts the follow
A. If amending name, enter the new na	ame of the corporat	ion:	
			The n
name must be distinguishable and contai "Company" or "Co." may not be used in		tion" or "incorporated" or	the abbreviation "Corp." or "Inc
B. Enter new principal office address, (Principal office address MUST BE A S		1	
(Frincipal office address <u>most be A 3</u>	IREEI ADDRESS	, 	
C. Enter new mailing address, if applications of the control of th		3671 NW 11	0 Ave
-		Coral Springs	s, FL 33065
D. If amending the registered agent an new registered agent and/or the new			er the name of the
Name of New Registered Agent:			
	3671 NW	110 Ave	
New Registered Office Address		(Florida street address)	
	Coral Spr	ings	, Florida 33065
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am fa	miliar with and accept the	
	Signature of New	Registered Agent, if change	ing

Page 1 of 4

If amending the Officers and/or Director's, 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 De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>TD</u>	Sidia Duffus	5979 NW 16th St
Add			Sunrise, FL 33313
X Remove			
2) Change	D	Leroy Duffus	5979 NW 16th St
Add			Sunrise, FL 33313
X Remove			
3 ) Change	TD	Shawnique Smith	3671 NW 110 Ave
$X_{Add}$			Coral Springs, FL 33065
Remove			
4) X Change	D	Crystal Willis	5550 Washington Street
Add			Apt. A209
Remove			Hollywood, FL 33021
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sh	ling additional Ar eets, if necessary).	(Be specific	)			
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The date of each amendment(s) adopti	on:	fifti 10 if other than the
late this document was signed.		SLUGGE TARY OF SHIPMER than the SIVISION OF CORPORATIONS
Effective date if applicable:		<u></u>
	(no more than 90 days after amendment file date)	14 JUL 18 PH 1: 27
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for th	e amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendmen	at(s) was/were
Dated 1/14/	14	
Signature O	e Berre D	
(By the chairman	or vice chairman of the board, president or other offi	
	lected, by an incorporator - if in the hands of a receivinted fiduciary by that fiduciary)	ver, trustee, or
Clothel Ros	se-Bennett	
	ped or printed name of person signing)	
President		
	(Title of person signing)	<del></del>