## N140000000495

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COULTARY OF STATE DIVISION OF CURPORATIONS

3/16/15

## **COVER LETTER**

TO: Amendment Section ·

Division of Corporations		
NAME OF CORPORATION:	g and Deliveran	ce Ministries International, Inc.
DOCUMENT NUMBER: N1400000	495	
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Clothel Rose		
.,	(Name of Contact Pe	rson)
N/A		
	(Firm/ Company	)
3671 NW 110 Avenue		
	(Address)	
Coral Springs, FL 33065		
	(City/ State and Zip C	Code)
ministriesdynamic	c@amail.d	om
E-mail address: (to be used		
For further information concerning this matter, please	call:	
Clothel Rose	<sub>at</sub> 954	554-0916 a Code & Daytime Telephone Number)
(Name of Contact Person)	(Агез	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	©\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address		eet Address
Amendment Section Division of Corporations		endment Section ision of Corporations
P.O. Box 6327	Clif	ton Building
Tallahassee, FL 32314	266	1 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



Dynamic Healing and Deliverance Ministries International, Inc

15 MAR 13 AM 9: 15

(Name of Corporation as current	tly filed with the Florida Dept. of Stat	<u>e)</u>
N14000000495		
(Doc	cument Number of Corporation (if know	n)
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorpora	1006, Florida Statutes, this <i>Florida Not</i> tion:	For Profit Corporation adopts the following
A. If amending name, enter the new na	ame of the corporation:	
<b>Devine Healing and Delive</b>	rance International Minist	ries, Inc
name must be distinguishable and contai "Company" or "Co." may not be used it		ated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address,</u> ( <i>Principal office address <u>MUST BE A S</u></i>		
	<u></u>	
C. Enter new mailing address, if appli	icable:	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent an	d/or registered office address in Flori	da, enter the name of the
new registered agent and/or the new	<u>« registered office address:</u> Clothel Rose	
Name of New Registered Agent:		<del></del>
	3671 NW 110 Aver	nue
New Registered Office Address	(Florida street address)	)
	Coral Springs	, Florida 33065
	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	
l hereby accept the appointment as regist		ept the obligations of the position.
	Signature of New Registered Agent, i	f changing

Page 1 of 4

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	<u>V</u> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u> ,
1) Change	<u>V</u>	Kenyatta I McLeish	395 NE 89th Street
Add			El Portal, FL 33138
X Remove			
2) Change		·	
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			<del></del>
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
• • • •	

The date of each amendmen date this document was signed Effective date <u>if applicable</u> :		BIVISION OF CURPORAL STATE THE BIVISION OF CURPORAL STATE OF 15
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for a	were adopted by the members and the number of votes cast for the pproval.	e amendment(s)
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment directors.	t(s) was/were
Dated3	12/15-	
Signature	NASE	
	e chairman or vice chairman of the board, president or other offic	
	not been selected, by an incorporator - if in the hands of a receive court appointed fiduciary by that fiduciary)	er, trustee, or
Clothe	el Rose	
	(Typed or printed name of person signing)	···
	(Title of person signing)	•