

N140000001154

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SECRETARY OF STATE
14 MAR 18 AM 8:09

Amend
@ 3/18/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

Divine Remnant of Truth Inc.

DOCUMENT NUMBER:

N14000001154

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

Please return all correspondence concerning this matter to the following:

Leticia Donarski

(Name of Contact Person)

Divine Remnant of Truth Inc

(Firm/ Company)

716 Teutcher Ave

(Address)

Deltona, FL 32738

(City/ State and Zip Code)

divinecremant7@gmail.com

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

For further information concerning this matter, please call:

Leticia Donarski

(Name of Contact Person)

at (321) 663-4665

(Area Code & Daytime Telephone Number)

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



\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status\$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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2014

LETICIA DONARSKI
DIVINE REMNANT OF TRUTH INC.
716 TEATHER AVE
DELTONA, FL 32738

SUBJECT: DIVINE REMNANT OF TRUTH INC.
Ref. Number: N14000001154

We have received your document for DIVINE REMNANT OF TRUTH INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 014A00004020

Articles of Amendment
to
Articles of Incorporation
of

Divine Remnant of Truth Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

N14000001154
(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

_____, Florida
(City)

(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

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SECRETARY OF STATE
MAR 18 2013
14:08:03

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

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------|--|--|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | PCFO | MARTIN, Ira Jr. | 3471 TRADE ST
Deltora, Florida
32738 |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | ST | Donarski, Leticia
Di Contanzo | 716 Teather Ave
Deltora, Florida
32738 |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | T | Di Contanzo, Richard
<i>Name now corrected spelling</i> | 2806 Bahia St
Deltora, FL.
32738 |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | P | Encarnacion, Ruby | 542 Tacoma Ave
Deltora, FL.
32725 |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | T | Traylor, Kasheem | 349 Placid Lk Dr
Sanford, FL.
32713 |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | A | Donarski, Daniel | 716 Teather Ave
Deltora, FL. |

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

WIA

The date of each amendment(s) adoption: 1/14/2014 if other than the date this document was signed.

Effective date if applicable: _____
(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 3/3/14

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)

Ira Martin Jr.

(Typed or printed name of person signing)

President

(Title of person signing)