

N14000002430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

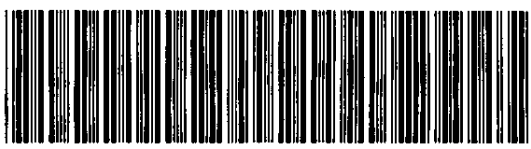
(Business Entity Name)

(Document Number)

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05/23/14--01012--015 **43.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 AUG 12 PM 12:53

AUG 14 2014
T. CARTER

Amend + Name Change

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRUE WORSHIP MINISTRIES INTERNATIONAL, INC.

DOCUMENT NUMBER: N14000002430

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

Please return all correspondence concerning this matter to the following:

FIRMIE SIMPSON
(Name of Contact Person)

(Firm/ Company)

111 NW 183 ST. ROOM 400
(Address)

MIAMI GARDENS, FL 33169
(City/ State and Zip Code)

MAXIMUMPLANE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FIRMIE SIMPSON at (954) 638-5780
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

FIRMIE SIMPSON
111 NW 183 ST ROOM 400
MIAMI GARDENS, FL 33169 US

SUBJECT: TRUE WORSHIP MINISTRIES INTERNATIONAL, INC.
Ref. Number: N14000002430

We have received your document for TRUE WORSHIP MINISTRIES INTERNATIONAL, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit page 1 of the amendment,

⇒ *attached.*

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.

Tina D Carter
Regulatory Specialist

Letter Number: 614A00012611

RECEIVED
14 AUG 12 PM 2:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

14 AUG 12 PH 12: 53

Articles of Amendment
to
Articles of Incorporation
of

TRUE WORSHIP MINISTRIES INTERNATIONAL, INC.

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

N14000002430

(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:

TRUE WORSHIP ALL NATIONS MINISTRY INC. 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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: _____

(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

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:

Change PT John Doe
 Remove V Mike Jones
 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	<u>P</u>	<u>FIRMIE SIMPSON</u>	<u>6890 SW 36 ST</u> <u>MIRAMAR FL 33023</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>STUART R. DYE</u>	<u>3211 SW 44 ST.</u> <u>APT 112</u> <u>FORT LAUDERDALE, FL 33312</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>ANNEZE BARTHELEMY</u>	<u>341 SOUTHBRIDGE ROAD</u> <u>DELRAY BEACH, FL</u> <u>33444</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>KIMBERLY SAINTIL</u>	<u>6890 SW 36 ST</u> <u>MIRAMAR FL 33023</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: _____, 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 4/11/14

Signature [Handwritten 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)

FIRMIE SIMPSON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)