# N140000000528

Office Use Only



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SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS

Amila a Souls

## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: TRINITY of One Ministry Inc
DOCUMENT NUMBER: W140000 6528
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
IAdor-GUERRIER Ruddy
(Name of Contact Person)
Trinity Of One Ministry
(Firm/ Company)
13639 N.W. 7 Avenue
(Address)
Miami PC 33/68
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TACOT-GUERRIER at (954) 709-6728 (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:
\$35 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  \$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**

TO: Amendment Section

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
TRINGTU DE MO MOUSTRY IN
(Name of Corporation as currently filed with the Florida Dept. of State)
11/1/1/1/1/1/1/1/20
N14000000000000000000000000000000000000
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
<del></del>
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:
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: Muday L DAdor 957-618-9517
Name of New Registered Agent: PUCKEY 2 SHOWN 73-616-1814
13639 NWZ 106-811-1370
(Florida street address)
New Registered Office Address:
(City) (Zip Code)
New Desictated Agent's Signature if changing Desictated Agents
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.
Ph/ hem
Signature of New Registered Agent, if 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 <math>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>Mil</u>	n Doe ke Jones ly Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		2	<u>Addres</u> s	
1) Change						
Add Remove	1)D	IAG	182-60 Jeddy	ERLIER -	13639 N.W. 7 Aven Mami FZ 3316	<i>U</i> .8
2) Change	Elder		ustina,			
Add					13639 WW 7AVE	
Remove	ا م ا		1/0/0000		<u>MIAMI 6133</u> [68	
3 ) Change	C. CYTHIR	man.	<u>Alphonse</u>	<u>CU</u> CRR	126 20 11 17 11 10	
_X_ Add			•	_	13639 NW7AVE	
Remove				_	MIAMI F133168	
4) Change						
Add					· · · · · · · · · · · · · · · · · · ·	
Remove						
5) Change		<del></del>				
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Remove				_		
6) Change		<del> </del>				
Add				_		
Remove						

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) adoption: 3/1/20/15 date this document was signed.	_, if other than the
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 3/17/2015	
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 figureary)	¢
Ruff & John Ruddy IAC	lor-Guerner
(Typed or printed name of person signing)	
- LIESIGENI- DINEGOR	
(Title of person signing)	