N17000003126

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TO: Amendment Section
Division of Corporations

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NAME OF CORPORATION:	International Inc.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following	:	
Rev. Reno I. Johnson			
	(Name of Contact	t Person)	<u> </u>
Total Life Church International Inc.			
	(Firm/ Comp	any)	
442 Los Altos Way Unit:203			
	(Address))	
Altamonte Springs, Fl 32714			
	(City/ State and Z	ip Code)	
churchtotallife@gmail.com			
E-mail address: (to be use	d for future annual	report notificatio	n)
For further information concerning this matter, please	e call:		
Rev. Reno I. Johnson		(407) at	745-0291
(Name of Contact Perso	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florid	a Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	Certif y is Certif	icate of Status ied Copy tional Copy is
Mailing Address	<u>§</u>	Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Total Life Church International Inc	J Inc.
-------------------------------------	--------

(Name of Corporation	n as curre	ently filed with the Florida Dep	ot, of State)
N17000003126			,
(Docu	ment Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	orida Statu	ntes, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of th	<u>ie corpora</u>	ıtion:	
N/A			774
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corpor ie.	ration" or "incorporated" or the	The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applications of the state of	able:	N/A	
Principal office address MUST BE A STREET A	<u>IDDKESS</u>	<u>o</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		442 Los Altos Way	ECT 12
		Unit 203	=======================================
		Altamonte Springs, Fl 32714	9.
). If amending the registered agent and/or reginew registered agent and/or the new register	stered off ed office	ice address in Florida, enter th	e name of the
Name of New Registered Agent;	N/A	<u></u>	
iname by wew Registered Agent.	442 Los	Altos Way Unit: 203	
New Registered Office Address:		(Florida street	t address)
	Altamon	te Springs	32714
		(City)	, Florida (Zip Code)
lew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered t. I am fa	l Agent: imiliar with and accept the obliga-	ations of the position.
_	S	Signature of New Registered Ages	nt, 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 Doc 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 D V Mike J SV Sally S	lones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	SEC	Lahoma Johnson	1020 Regal Pointe Terraces
Add			Lake Mary, Fl 32746
X Remove			
2) Change	SEC	Reishonda Johnson	442 Los Altos Way
X Add			Unit 203
Remove			Altamonte Springs, Fl 32714
3) Change			
Add			
Remove			
4) Change			
Add			
Remove	,		
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	
		_
		_ _ _
		<u> </u>
		_
		_
		
		_

The date of each amendment date this document was signed.		, if other than the
Effective date <u>if applicable</u> :	Date this document is signed	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
Dated <u>OC</u>	410th 2017	
Signature		
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
Ren	o I. Johnson	
_	(Typed or printed name of person signing)	
Pres	sident	
	(Title of person signing)	