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TO: Amendment Section
Division of Corporations

P.O. Box 6327

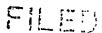
Tallahassee, FL 32314

ILOVE MINISTRIE NAME OF CORPORATION:			
N18000007992 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
PABLO RODRIGUEZ			
	(Name of Contact Pers	son)	
BEST QUICK TAX RETURNS, INC			
	(Firm/ Company)	-	
320 S BUMBY AVE STE 10			
	(Address)	<u> </u>	
ORLANDO FL 32803			
	(City/ State and Zip Co	ode)	
E-mail address: (to be used	for future annual repo	rt notification	n)
For further information concerning this matter, please	call:		
PABLO RODRIGUEZ		107	896-7921
(Name of Contact Person	at		(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy is ised)
Mailing Address Amendment Section		et Address	
Division of Corporations		ndment Secti sion of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



TLOVE MINISTRIES, INC.			الري يعمرا	
(Name of Corporation as curren	tly filed with the Florida	Deptoof State)		
1418000007332			-	
(Document Numb	er of Corporation (if know	n)-/	and the same of	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pr</i>	ofit Corporation ad	opts the followin	
A. If amending name, enter the new name of the corporat	ion:			
name must be distinguishable and contain the word "corpora	tion" or "incorporated" of	r the abbreviation "	The new	
"Company" or "Co." may not be used in the name.	non or meorporated or	me abbremanon	corp. or the.	
B. Enter new principal office address, if applicable:	10898 FLYCAST CIR			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32825			
		· ·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10898 FLYCAST CIR			
	ORLANDO, FL 32825			
				
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		er the name of the		
Name of New Registered Agent:	adress:			
Name of then Registered Agent.			-	
	(Florida	street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:				
		, Florida		
	(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair	Agent: miliar with and accept the	obligations of the pe	osition.	
	ignature of New Registerea	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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP	GREGORY KING JR	10898 FLYCAST CIR
Add			ORLANDO, FL 32825
X Remove			
2) Change	T	MADELINE CORTES	10550 SAIL AWAY LANE
Add			ORLANDO, FL 32825
X Remove			
3) Change	VD	CHRISTOPHER CORTES	10550 SAILAWAY LANE
Add			ORLANDO, FL 32825
X Remove			
4) X Change	PD	LYDIA KING	10898 FLYCAST CIR
Add			ORLANDO, FL 32825
Remove			
5) Change	VP	LUVINA MEJIAS	2250 SEVEN OAKS DRIVE
XAdđ			ST. CLOUD, FL 34772
Remove			
6) Change			-
Ađd			
Remove			

		(Be specific)				
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	nt(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	re
DECEMBER 05, 2018 Dated	
Signature Signature	
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, conter court appointed fiduciary by that fiduciary)	
LYDIA KING	
(Typed or printed name of person signing)	_
PRESIDENT DIRECTOR	
(Title of person signing)	_