

V1900000 3271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

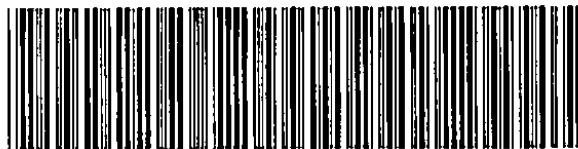
(Business Entity Name)

(Document Number)

ied Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200337314212

11/26/19--01003--024 \*\*35.00

FILED  
2019 NOV 26 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

JAN 08 2020

I ALBRITTON

**COVER LETTER**

: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Touching Lives Evangelistic Ministries Inc

DOCUMENT NUMBER: N 19000003271

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

Please return all correspondence concerning this matter to the following:

Gloria Spence  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

5460 N State Rd 7 Suite 122  
(Address)

N Lauderdale FL 33319  
(City/ State and Zip Code)

glorias1545@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria Spence at 786-525-7669  
(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 checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

Touching Lives Evangelistic Ministries Inc

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

N 19006003271

(Document Number of Corporation (if known))

uant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following  
ndment(s) to its Articles of Incorporation:

f amending name, enter the new name of the corporation: N/A

The new  
e must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
mpany" or "Co." may not be used in the name.

Enter new principal office address, if applicable: N/A  
ncipal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A  
Mailing address MAY BE A POST OFFICE BOX)

f 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:

N/A Name of New Registered Agent:

(Florida street address)

N/A New Registered Office Address:

\_\_\_\_\_, Florida  
(City) (Zip Code)

Registered Agent's Signature, if changing Registered Agent:

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

FILED  
2019 NOV 26 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

removing 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 use the officer/director title by the first letter of the office title:

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 title. 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	<u>PT</u>	<u>John Doe</u>
Remove	<u>V</u>	<u>Mike Jones</u>
Add	<u>SV</u>	<u>Sally Smith</u>

Action	Title	Name	Address
--------	-------	------	---------

<input type="checkbox"/> Change	<u>N/A</u>	_____	_____
---------------------------------	------------	-------	-------

<input type="checkbox"/> Add		_____	_____
------------------------------	--	-------	-------

<input type="checkbox"/> Remove		_____	_____
---------------------------------	--	-------	-------

<input type="checkbox"/> Change	<u>N/A</u>	_____	_____
---------------------------------	------------	-------	-------

<input type="checkbox"/> Add		_____	_____
------------------------------	--	-------	-------

<input type="checkbox"/> Remove		_____	_____
---------------------------------	--	-------	-------

<input type="checkbox"/> Change	<u>N/A</u>	_____	_____
---------------------------------	------------	-------	-------

<input type="checkbox"/> Add		_____	_____
------------------------------	--	-------	-------

<input type="checkbox"/> Remove		_____	_____
---------------------------------	--	-------	-------

<input type="checkbox"/> Change	<u>N/A</u>	_____	_____
---------------------------------	------------	-------	-------

<input type="checkbox"/> Add		_____	_____
------------------------------	--	-------	-------

<input type="checkbox"/> Remove		_____	_____
---------------------------------	--	-------	-------

<input type="checkbox"/> Change	<u>N/A</u>	_____	_____
---------------------------------	------------	-------	-------

<input type="checkbox"/> Add		_____	_____
------------------------------	--	-------	-------

<input type="checkbox"/> Remove		_____	_____
---------------------------------	--	-------	-------

<input type="checkbox"/> Change	<u>N/A</u>	_____	_____
---------------------------------	------------	-------	-------

<input type="checkbox"/> Add		_____	_____
------------------------------	--	-------	-------

<input type="checkbox"/> Remove		_____	_____
---------------------------------	--	-------	-------

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

Touching lives Ministry is a Not for profit  
Nonprofit Corporation is a Charitable and  
Religious organization to Help people by  
Motivating them and Ministering to there  
Spiritual <sup>needs</sup> and Helping them who are distress  
and disaster.

date of each amendment(s) adoption: \_\_\_\_\_, if other than the  
this document was signed.

Effective date if applicable: \_\_\_\_\_

11/20/2019  
(no more than 90 days after amendment file date)

g. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
amendment's effective date on the Department of State's records.

Option 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

11/20/2019

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)

MAXINE COLEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)