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4/12/21

COVER_LETTER

TO: Amendment Section Division of Corporations,	Another 1 puel
NAME OF CORPORATION: Paster Trenia Jones - Cobb Ministries -	Ministries, In
DOCUMENT NUMBER: N 200000 30 18	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pastor Trenia Jones	
(Name of Contact Person)	
Pastor Trenja Jones Ministries-Another Level	Ministries, Inc
7901 Baymeadows Cir E Unit 535	
Jacksonville, FL 3225	Q_{\perp}
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Paster Trenia Jones at 214-264 (Name of Contact Person) (Area Code) (Daytime Telep	- 9021
Enclosed is a check for the following amount made payable to the Florida Department of State:	mone (vulliber)
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy Certified C	
enclosed) (Additional Copy is Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

Articles of Amendment

to
Articles of Incorporation

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<u>Pastor Trenia Jones-Cobb</u>	Min'18tries	Anot	hereleted i	Ministries, In
(Name of Corporation as currently filed with the Florid	ta Dept. of State)	11	SECRETARY	ESTATA
<u> </u>	1000 30	18	TALL 11 SS	<u>i,i </u>
(Document Nu	mber of Corporation (i	f known)		
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this Florida Not	For Profit Co	orporution adopts th	e following
A. If amending name, enter the new name of the corpo		•		in Inc
<u>Pastor Trenia Jones Minis</u>	stries - Ano	ther Le	uel Minist	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorpora	ited" or the a	bbreviation "Corp."	or "Inc."
.	70016	2 n. m	eadows (26/ E
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	$\frac{ss}{ss}$	26	Cacaboo	<u> </u>
	000	11 -	2006	1
	Jackson	ulle, t	1 0225	<u>_</u>
C. Enter new mailing address, if applicable:	7901 (20.1mg	adaus C	i - E
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	101	Juli V		100
	<u>Jackson</u>	<u>) Mille</u>	FC Uni	<u>t</u> 535
	3225	<u> </u>		
D. If amending the registered agent and/or registered of	office address in Flori	da, enter the	name of the	
new registered agent and/or the new registered offic	ce address:			
Name of New Registered Agent:	TW.			
New Registered Office Address:		(Florida street d	address)	
			, Florida	
	(City)	-	(Zip Code)	
New Registered Agent's Signature, if changing Register				
I hereby accept the appointment as registered agent. I am	n familiar with and acc	ept the obliga	tions of the position.	
 	Signature of New Reg	gistered Agen	t, 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	VP_	Alex Lowresce Jo	ines-Cobb 7901 Baymeadows Cir. Jackson Ville, FC 32250
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ad (attach additional s	lding additional Ai heets, if necessary).	rticles, enter change(s) here: . (Be specific)	
			

1 /
The date of each amendment(s) adoption:
date this document was signed.
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 will not be listed as the document's effective date on the Department of State's records.
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.

Signature X	1 1 X	·. [
			I. president or other officer-if directors f in the hands of a receiver, trustee, or
	urt appointed fiduciary	by that fiducia	ry)
	- Worla	<u>, </u>	me of person signing)
	\bigcirc 1	· - /	