

N2200000000036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

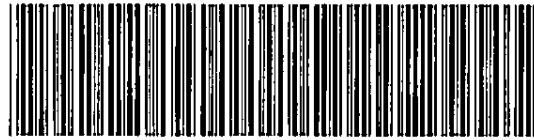
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2022 OCT 17 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rhema Life Bible Institute
DOCUMENT NUMBER: N220000000036

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

Please return all correspondence concerning this matter to the following:

Debara D. West
Name of Contact Person
The Healing Ministry, Inc.
Firm/ Company
162111 NW 32nd Place
Address
Miami Gardens, FL. 33054
City/ State and Zip Code
ministerwest@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debara D. West at 305 , 206-6647
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 ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$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
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED
2022 OCT 17 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FL

Rhema Life Bible Institute Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N22000000036

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* 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)

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:

The Healing Ministry, Inc.
15211 NW 32nd Place

(Florida street address)

New Registered Office Address:

Miami Gardens, Florida 33054
(City) (Zip Code)

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.

Alphon D. West

Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Rhema Life Bible Institute is now
under the managerial operations of the
Healing Ministry #N060000000603.

Effective date if applicable: August 23, 2022
(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 August 3, 2022

Signature Debra D West

(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)

Debra D. West

(Typed or printed name of person signing)

President

(Title of person signing)

**ASSUME THE LIABILITIES OF SUBSIDIARY AUTHORIZED TO
PARENT NON-PROFIT ORGANIZATION**

WHEREAS The Healing Ministry, Inc. d/b/a Healed Through His Hurts (State Registration #N06000000603), has agreed to assume all ownership, managerial and operational responsibilities of Rhema Life Bible Institute Inc. (State Registration #N22000000036) as the parent organization under this subsidiary agreement;

WHEREAS The Healing Ministry, Inc. d/b/a Healed Through His Hurts, upon obtaining ownership agrees to execute its responsibilities and duties in all necessary accommodations in the best interest of Rhema Life Bible Institute Inc. and

WHEREAS The governing board of Rhema Life Bible Institute Inc., has voted and consented on the amendment of the ownership and is in full agreement of the merging and parenting of the entities;

THEREFORE, BE IT RESOLVED, that The Healing Ministry, Inc. d/b/a Healed Through His Hurts agrees to execute every responsibility of Rhema Life Bible Institute Inc., as a parent

organization under the corporate guidelines set in place by the State of Florida Divisions of Corporations and that the required documents needed for the amendment has been provided to the State of Florida Divisions of Corporations.

IN TESTIMONY WHEREOF, this agreement is executed on this day of 08/23/2022, 2022



Odley Plame
Notary Public
State of Florida
Comm# HH035929
Expires 8/24/2024

Notary Stamp:

(Type of ID presented)

FL Driver License

Debora D. West

President's Name

Debora D. West

President's Signature

[Signature]

Notary Signature: