

N46328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

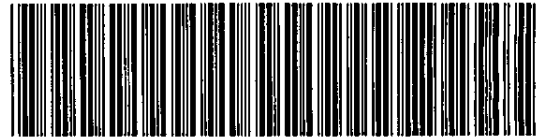
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 NOV 28 PM 12:41

NOV 30 2016
C LEWIS

TURNER & LYNN, P.A.
ATTORNEYS AT LAW

Vernon W. Turner (1917-2000)
Sandra T. Lynn
John Michael Lynn

7 Barracuda Lane
Key Largo, FL 33037
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JML.ynn@bellsouth.net

Please reply to:
Key Largo office XXX
Homestead office _____

6 Palm Plaza
Homestead, FL 33030
Telephone: (305) 367-0911
Fax: (305) 367-0915

November 22, 2016

VIA FEDERAL EXPRESS

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Articles of Amendment to
Articles of Incorporation of
Trinity Faith Tabernacle Deliverance Ministries Center, Inc.**

Dear Clerk:

Enclosed for filing please find the above referenced document as well a check in the amount of **\$35.00** in payment of the listed fees:

Articles of Amendment (filing) \$ 35.00

Should you have any questions, feel free to call our office.

Very Truly Yours,

TURNER & LYNN, P.A.

BY: 
JOHN MICHAEL LYNN, ESQ.

JML/mp
Enclosure(s)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRINITY FAITH TABERNACLE DELIVERANCE MINISTRIES CENTER, INC.

DOCUMENT NUMBER: N46328

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

Please return all correspondence concerning this matter to the following:

John Michael Lynn, Esq.

(Name of Contact Person)

Turner & Lynn, PA

(Firm/ Company)

7 Barracuda Lane

(Address)

Key Largo, FL 33037

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Michael Lynn

305

367-0911

at

(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 NOV 28 PM 12:41

TRINITY FAITH TABERNACLE DELIVERANCE MINISTRIES CENTER, INC.

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

N46328

(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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(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.

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	<u>DS</u>	<u>Ingram Linda Epps</u>	<u>27338 SW 121 St</u>
<input type="checkbox"/> Add			<u>Homestead, FL 33032</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>DT</u>	<u>Loretta Amica</u>	<u>2245 NW 86 Terr</u>
<input type="checkbox"/> Add			<u>Miami, FL 33147</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>L.J. Green</u>	<u>15400 SW 297 Terr</u>
<input type="checkbox"/> Add			<u>Homestead, FL 33033</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Frank Lacey</u>	<u>15977 SW 305 Terr.</u>
<input type="checkbox"/> Add			<u>Miami, FL 33033</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Anthony Wilson</u>	<u>446 E. Mowry Drive</u>
<input checked="" type="checkbox"/> Add			<u>Apt. 3</u>
<input type="checkbox"/> Remove			<u>Homestead, FL 33030</u>
6) <input type="checkbox"/> Change	<u>D</u>	<u>Angela Mathis</u>	<u>30711 SW 150 Ave</u>
<input checked="" type="checkbox"/> Add			<u>Homestead, FL 33033</u>
<input type="checkbox"/> Remove			

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

November 4, 2016

Effective date if applicable: _____
(no more than 90 days after amendment file date) 2016 NOV 28 PM 12:41

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.
- 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 October 7, 2016

Signature Percy McCoy
(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)

Percy McCoy

(Typed or printed name of person signing)

President and Pastor

(Title of person signing)