N95000001310

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DEC 3 1 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	CORATION: Pure Lo	ve Ministrier, J	Inc.
DOCUMENT NU	MBER: N950000	1310	
The enclosed Artic	les of Amendment and fee are sub	mitted for filing.	
Please return all co	rrespondence concerning this matt	er to the following:	
	Cordell (Name of	HIVEN Contact Person)	
	(Firm	/ Company)	
<u></u>	PIOL BOX 196	Address)	
		FL 33802-1963 e and Zip Code)	
		mail. Can	cation)
For further informa	tion concerning this matter, please	call:	
C o	ne of Contact Person)	at (863) 934 (Area Code & Dayt	○ ↑ 6 ↑ ime Telephone Number)
Enclosed is a check	for the following amount made pa	ayable to the Florida Departmen	nt of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

Pure Love Ministrier	Inci
(Name of Corporation as currently filed with	
N 9 5 0 0 0 0 0 13 0 (Document Number of Corporat	ion (if known)
•	` ,
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>on:</u>
Pure Love Ministries Massachusetts Barn The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	"corporation" or "incorporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1204 South Wabash Are. Lakeland, FL 33815
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	35 0 1 3
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, enter the name of the dress:
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
	(City), Florida_(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	Agent: familiar with and accept the obligations of the
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)

<u>Title</u>	Name	Address	Type of Action
<u> </u>	Alfred Smith	12 Cappys WAY Brackton, MASS OZXIZ	☐ Add ☐ Remove
<u> </u>	Gloria Smith	12 Cappy's Nay Brockton, MA 02302	
<u> </u>	Reginald Harris	555 Belcher pd S Largo FL 33771	Add Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		

The date of each amendment(s) a	doption:
	(date of ddoption is required)
Effective date <u>if applicable</u> :	(
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 12-1	23/09
_	•
Signature O	Lle Colen
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	Cordell Allen
	(Typed or printed name of person signing)
	President
	(Title of person signing)