# \_N9600002230

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phono	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Ţ.,

Office Use Only



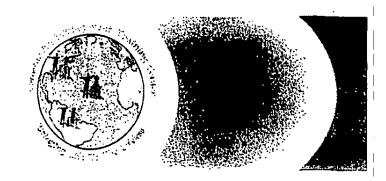
600190052006

- 600190052006 01/10/11--01063--020 \*\*43.73

TIMIO AND: 05

01-13-11

## Whole Life Fellowship



1-5-11

To: Disson of corporations

I previously sent a request for admendment but mostakenly forgot to insert the cheek for fee amount. Please disregard that request. Enclosed is a copy of previously sent request along with fee of \$43.25. Thank you in advance the your patience.

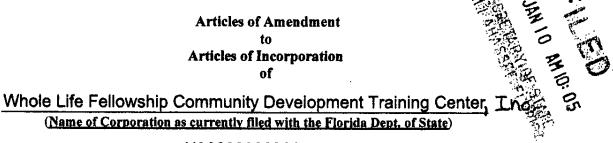
Lucal Writing, Church secretary

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Whole Life Fellowship Community Development Training				
DOCUMENT NUMBER: N96000002230				
The enclosed Ai	rticles of Amendment and fee are submi	tted for filing.		
Please return all correspondence concerning this matter to the following:				
	<del></del>	J. Green ontact Person)		
	(Hamo of Co	nact i ciscin,		
Whole Life Fellowship Community Development Training Center				
(Firm/ Company)				
	4756 West Atlantic Blvd. Suite 102			
	(Add	dress)		
		k, Florida 33063	<del></del>	
	(City/ State a	and Zip Code)		
wgreen_3@yahoo.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lucile Willian	ns	at ( 954 ) 439-2464		
(1	Name of Contact Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a ch	eck for the following amount made pays	able to the Florida Department of	f State:	
□\$35 Filing Fe	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 Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle	

### **Articles of Amendment** to **Articles of Incorporation** of



(Name of Corporation as currently filed with	the Florida Dept. of State)
N9600002230	i
(Document Number of Corporation	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	on:
Whole Life Fellowship Min	stries, Inc.
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co," may no	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	823 N.E. 28th Street

Wilton Manors, Florida 33334 C. Enter new mailing address, if applicable: P.O. Box 934581 (Mailing address MAY BE A POST OFFICE BOX) Margate, Florida 33093

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:		<del></del>
New Registered Office Address:	(Florida street address)	<u></u>
_		, 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) **Title** <u>Name</u> <u>Address</u> **Type of Action** □ Add ☐ Remove \_ 🔲 Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s)	adoption: November 21, 2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) !.
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated Novemb	per 21, 2010
Signature	14
have no	chairman or vice chairman of the board, president or other officer-if directors t-been selected, by an incorporator — if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	Willie J. Green
_	(Typed or printed name of person signing)
	Pastor/Founder
	(Title of person signing)