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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

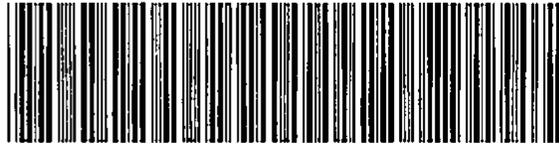
(Business Entity Name)

(Document Number)

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C. GOLDEN

JAN 14 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DELIVERING TEAM FAITH MINISTRIES, INC

DOCUMENT NUMBER: N97000003271

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

Please return all correspondence concerning this matter to the following:

Ryan Taffaria Kennedy

(Name of Contact Person)

DELIVERING TEAM FAITH MINISTRIES, INC

(Firm/ Company)

4345 SW 129th Way

(Address)

Miramar FL 33027

(City/ State and Zip Code)

Rksofttouch@bellsouth.net

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

For further information concerning this matter, please call:

Pastor Ryan Taffaria Kennedy

(305)

240-9662

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:

- \$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

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DELIVERING TEAM FAITH MINISTRIES, INC.

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

N97000003271

(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:

N/A 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**)

3820 NW 166th Street

Miami Fl. 33054

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O Box 260691

Pembroke Pines Fl. 33026

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:

Ryan Taffaria Kennedy

4345 SW 129th Way

(Florida street address)

New Registered Office Address:

Miramar

(City)

Florida 33027

(Zip Code)

W Registered Agent's Signature, if changing Registered Agent:

ereby 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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Joan B. Henry</u>	<u>18601 N. W. 22 Court</u> <u>Miami Fl. 33056</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Ryan T. Kennedy</u>	<u>4345 SW 129th Way</u> <u>Miramar Fl. 33027</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Claudette A. Simmonds</u>	<u>3211 Salinas Way</u> <u>Miramar Fl. 33025</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VT</u>	<u>Delores A Hart</u>	<u>1935 N.W 185th Street</u> <u>Miami Fl. 33056</u>
<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Althea Smith James</u>	<u>2775 N.W 194 Terrace</u> <u>Carol City, Fl. 33056</u>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Felicia A Clarke</u>	<u>8300 N Sherman Circle</u> <u>L303</u> <u>Miramar, FL 33025</u>

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

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

e three names below are the rest of members that make up the board of trustees

racon) Percival L. Simmonds

l Salinas Way

amar Fl. 33025

651 NW 195 Terrace

(Minister) Mavis B Gordon

651 NW 195 terrace

Miami Fl 33169

(Deaconess) Patricia E. McKenzie

927 NE 199st

Apt. 105

Miami Fl. 33179

date of each amendment(s) adoption: November 24, 2019, if other than the date this document was signed.

effective date if applicable: December 2, 2019
(no more than 90 days after amendment file date)

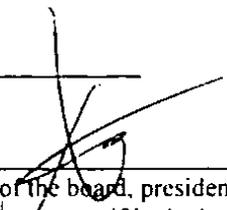
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the amendment's effective date on the Department of State's records.

option 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 November 24, 2019

Signature 

(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)

Ryan Taffaria Kennedy
(Typed or printed name of person signing)

President (Pastor)
(Title of person signing)