

N9700000 7014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 21 PM 3:49

FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

07 SEP 21 PM 3:40

RECEIVED

Amend
C. Coultette SEP 21 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Abundant Life & Restoration Ministries

DOCUMENT NUMBER: # N 97000007014

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

Please return all correspondence concerning this matter to the following:

Lillian Jack

(Name of Contact Person)

(Firm/ Company)

1882 Capital Circle NE #202

(Address)

Tallahassee, FL 32308

(City/ State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Abundant Life & Restoration Ministries International, Inc
(Name of corporation as currently filed with the Florida Dept. of State)

N97000007014

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

I would like to amend to delete
my name as MD
Lillian Jack
3107 Camelliawood Circle W
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

The date of adoption of the amendment(s) was: 9/21/07

Effective date if applicable: _____
(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 was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Lillian L. Jack
(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.)

LILLIAN L. JACK
(Typed or printed name of person signing)

MD
(Title of person signing)

FILING FEE: \$35