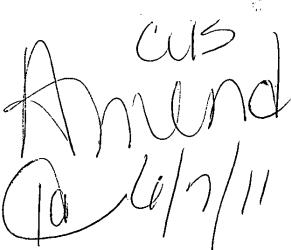
(Re	equestor's Name)	
(Ad	Idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Liberty Truth &	Deliverance Tabernacle	e of God, Inc.
DOCUMENT NUMBER: <u>N98000005546</u>		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
	J Copeland	
(Name of C	Contact Person)	
(Firm/	Company)	
	15th Street	
(A	ddress)	
	FLORIDA 34947 e and Zip Code)	
overseercop	peland@aol.com for future annual report notificati	on)
For further information concerning this matter, please	call:	
Barbara J Copeland	at (772)_464-6736	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department o	f State:
\$35 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 C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Liberty Truth & Deliverance Tabernacle of God, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N98000005546 (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: New Registered Office Address: (Florida street address) (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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	e of Liberty Truth & Deliverance sha	all be to further the social, sp	
	nterests of its members and to coo		
	of the religious community. Liberty		
	of but are not limited to social servi		outreach and
literacy servi	ces to its members and surroundir	g communities.	
			
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		ter on the land and and a field or the first and the second and th	and the second of the second o

The date of each amendmen	t(s) adoption: May 25, 2011
Effective date if applicable:	June 1, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated May	25, 2011
Signature /	Parlan 1. Coxeland
(By hav	the chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Barbara J Copeland
	(Typed or printed name of person signing)
	Registered Agent
	(Title of person signing)

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