# N990005437

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# **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: WORD OF FURE MUNISTYIES INC	
DOCUMENT NUMBER: <u>N9900005437</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person)	_
Word of Fire Ministries, INC (Firm/ Company)	
214 Daury Rd (Address)	
Auburndale FL 33823 (City/ State and Zip Code)	·
Wo-fix eministries a col. (3) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
(Name of Contact Person) at SU3 UCI - UCIUS  (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

# Articles of Incorporation

AT ILER	of	
Liberal of Give Min		ι <b>Υ</b> ·
(Name of Corporation as current	15tries   tly filed with the Florid	a Dept. of State)
Naponons	_	
	er of Corporation (if known	
	•	
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
NIA		The new
name must be distinguishable and contain the word "corporat	ion" 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:	NIA	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		······································
C. Enter new mailing address, if applicable:	MA	
(Mailing address MAY BE A POST OFFICE BOX)	10/13	
D. Marian Parakara Carakara Arabara Arabara Arabara	13 ' 173 ' 1	(F)
<ul> <li>If amending the registered agent and/or registered office new registered agent and/or the new registered office ac</li> </ul>		ter the name of the
Name of New Registered Agent:	NIA	ii ta
Name of New Registered Agem.	12 11 3	
	(Elo-	da street address)
New Registered Office Address:	(11074	ad street dairess)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fam		e obligations of the position.
	1	
	NA	ed Agent, if changing
Sig	gnature of New Register	ed 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:  X Change X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	ST	Judah, Robin L	3985 Beskley Rd Autumidale Fl 33823
2) Change Add	5_	Vivian Curtis	4618 Winter Lake Rd Lakeland FL 33803
Remove 3 ) Change Add Remove	T	Casie Pauker	4418 Winter Lage Rd Lakuland FL 3380=
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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The date of each amendment(s) add late this document was signed.	option: (0 5 2017	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloch locument's effective date on the Dep	k does not meet the applicable statutory filing requiremen	nts, this date will not be listed as the
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 east for th	e amendment(s)
☐ There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendments.	n(s) was/were
Dated	15/2017	
Signature	4 Sh	
(By the chair) have not bee	nar or vice chairman of the board, president or other officent or vice chairman of the board, president or other officent selected, by an incorporator – if in the hands of a receive prointed fiduciary by that fiduciary)	
	Keum S. Chahalin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	