N110000008671

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Light of the World M	linistries Incorporate	d	
	N11000008671			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
Shelly Divido				
		(Name of Contact Pe	rson)	
Light of the World Ministri	es			
		(Firm/ Company)	
PO BOX 330734				
		(Address)		
Atlantic Beach, FL 32233				
		(City/ State and Zip (Code)	
info@lightoftheworldjax.or	g			
E	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conc	erning this matter, please of	call:		
Shelly Divido		at	904	5246670
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is used)
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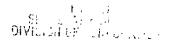
Mailing Address

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



Light of the World Ministries Incoroporated

15 NOV 18 PM 2: 54

currently filed with the Flori	ida Dept. of State)
Number of Corporation (if kr	nown)
Statutes, this Florida Not For	r Profit Corporation adopts the following
rporation:	
	The new
orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
RESS)	
*/\	
0	
ed office address in Florida	enter the name of the
office address:	enter the name of the
(Flo	orida street address)
	, Florida
(City)	(Zip Code)
stered Agent:	
am familiar with and accept i	the obligations of the position.
Signature of New Registe	erad Agent if changing
	Number of Corporation (if kn Statutes, this Florida Not For Statutes, this Florida Not For Sporation: Orporation: Orporation: Orporation or "incorporated and office address in Florida, office address: (Florida Not For Statutes and Incorporated and office address in Florida, office address: (City) Stered Agent: am familiar with and accept and office address in Florida, office address in Florida, office address:

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: XChange X Remove X Add	PT John Do V Mike Jo SV Salty Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Ian Bush	PO BOX 330734
Add		•	Atlantic Beach, FL 32233
X Remove			
2) Change	D	Brian Tutt	PO BOX 330734
X Add			Atlantic Beach, FL 32233
Remove	D	N. C. V. J.	PO DOM 220724
3) Change	<u>D</u>	Nick Vasiliades	PO BOX 330734
X Add			Atlantic Beach, FL 32233
Remove			
4) Change	D	Landon Divido	PO BOX 330734
X Add			Atlantic Beach, FL 32233
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove		Page 2 of 4	

. If amending or adding additional Articl (attach additional sheets, if necessary).	(Be specific)
•	
	•
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·

The	he date of each amendment(s) adoption:	, if other than the
date	ate this document was signed.	* · · · · · · · · · · · · · · · · · · ·
Eff	ffective date if applicable:	St. St. A. C. Cherry Control
	(no more than 90 days after amendment	
	ote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	
Ad	doption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes was/were sufficient for approval.	s cast for the amendment(s)
	There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	amendment(s) was/were
	Dated 11/16/15	
	Signature Sull Durily	
	(By the chairman of vice chairman of the board, president of have not been selected, by an incorporator — if in the hands other court appointed fiduciary by that fiduciary)	
	Shelly Divido (Typed or printed name of person	an signing)
	(Title of person sign	
	(The or person sign	*** 5 /