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Amendment Section
Division of Corporations

NAME OF CORPORATION: Rhema Church of God Ministries Inc

DOCUMENT NUMBER: N18000000229

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

Please return all correspondence concerning this matter to the following:

Stephen Notie
(Name of Contact Person)

Rhema Church of God Ministries Inc
(Firm/ Company)

10 Renn Lane
(Address)

Tilm Coast, FL, 32164
(City/ State and Zip Code)

SNotie58@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Notie at (203) 768-8465
(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

Hema Church of God Ministries, INC.
the Corporation as currently filed with the Florida Dept. of State)

N18000000229
(Document Number of Corporation (if known))

uant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following
ndment(s) to its Articles of Incorporation:

If amending name, enter the new name of the corporation:

Hema Deliverance Ministry INC. The new
ie must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
mpany" or "Co." may not be used in the name.

Enter new principal office address, if applicable:

incipal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

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

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

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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:

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. 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:

Change	<u>PT</u>	<u>John Doe</u>
Remove	<u>V</u>	<u>Mike Jones</u>
Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
_____ Change	_____	_____	_____
_____ Add	_____	_____	_____
_____ Remove	_____	_____	_____
_____ Change	_____	_____	_____
_____ Add	_____	_____	_____
_____ Remove	_____	_____	_____
1) _____ Change	_____	_____	_____
_____ Add	_____	_____	_____
_____ Remove	_____	_____	_____
2) _____ Change	_____	_____	_____
_____ Add	_____	_____	_____
_____ Remove	_____	_____	_____
3) _____ Change	_____	_____	_____
_____ Add	_____	_____	_____
_____ Remove	_____	_____	_____

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

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

[illegible]

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document'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

9/9/21

Signature

Stephen Notice

(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)

Stephen Notice

(Typed or printed name of person signing)

President

(Title of person signing)