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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $On = 7$	oday INC	
DOCUMENT NUMBER: NO300	00010469	
The enclosed Articles of Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
JAMES DArrel (Name of Co	PEL Ham entact Person)	···-
ONE TODA (Firm/C	V /NC ompany)	
2027 Ounder	ress)	
Winter Haven (City/ State a	nd Zip Code)	
AdMin @ GAThe E-mail address: (to be used for	ering ministries or future annual report notification	s, COM
For further information concerning this matter, please ca	ı11:	
Jarrel PEL Ham (Name of Contact Person)	at (<u>863</u>) <u>397-</u> (Area Code & Daytime	7286 Telephone Number)
Enclosed is a check for the following amount made paya		
■ \$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	Street Address	.a choioscu)
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tellebessen El 20214	Clifton Building	1-

Articles of Amendment to Articles of Incorporation

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TALLAHASSE	610 50
CARARA SSE	14 8.40 C. 6.57
	TORIG

(Name of Corporation as currently filed with the Florida Dept. of State) NO 3000 469 (Document Number of Corporation (if known) arsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation and the following amendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: GATHERING MINISTRIES NC The new name must be distinguishable and contain the word "corporation" or "incorporated" or the observation "Corp." or "Inc." "Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Principal 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: N/A New Registered Office Address: (Florida street address) N/A (City) Florida (Zip Code)	of	F. F.S. J.
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New Registered Office Address: (Florida street address)	Name of New Registered Agent:	N/A
New Registered Office Address: (Florida street address)		11 /p
. /	New Registered Office Address: (Flor	
(City), Florida(Zip Code)		
(City) (Zip Code)		(City), Florida
		(Elp Code)
	hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of

Signature of New Registered Agent, if changing

position.

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
	N/A		— —
	NA		
	N/A		Add Remove
E. If amen (attach a	ding or adding additional Articles additional sheets, if necessary). (e <mark>s, enter change(s) here</mark> : Be specific)	
		,	
· ·			

The date of each amendment(s) ac	doption: 7-30-09
Effective date if applicable:	(date of adoption is required) 4000 STATE APDROVA
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated	Tornel Polham Pres
By the c have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)