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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Duemoes Link) Harris,	
(Document Number)	_
Certified Copies Certificates of Status	-
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Special Instructions to Filing Officer:	١
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Office Use Only



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SEGRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MELLI BIV	th Healing Mini	strius P
DOCUMENT NUMBER: NO LOCAL	0011367	····
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Mame of C	ontact Person)	_
New Birth Head	ling Ministries,	Ihe
8427 Sand	dress)	-
Tallahasse 7 (City/State)	L 33305 and Zip Code)	_
New horth hours	ministries a whoo or future annual report notification	cm
For further information concerning this matter, please c	all:	
Name of Contact Person)	at (800) 210-736 (Area Code & Daytime Telepho	one Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of State:	•
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy Certifi (Additional copy is Certifienclosed) (Additional Copy is Certifienclosed)	.50 Filing Fee cate of Status ed Copy ional Copy
Mailing Address Amendment Section	Street Address Amendment Section	,
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

	icles of Amendment to cles of Incorporation	THE STORE	09 SEP
Olw Birth House (Name of Corporation as curre	of Min Streetly filed with the Florida	Dept. of State)	RY OF
NO600001136-	ber of Corporation (if known	· · · · · · · · · · · · · · · · · · ·	80 B
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		Not For Profit Corpord	ation adopts
A. If amending name, enter the new name of the new name of the new name must be distinguishable and company of the new name "Company" of the new name of the n	Mistries Proporation the word "corporation"	We T, Inc n" or "incorporated" of he name.	or the
B. Enter new principal office address, if apple (Principal office address MUST BE A STREE	T ADDRESS)	1 Sand Rid Unasser, Fr	ge CT
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		box 1461 Lvily 72 3	
D. If amending the registered agent and/or renew registered agent and/or the new regis		lorida, enter the name	of the
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	(Florida street ada	lress)	
	(City)	, Florida (Zip Cod	de)

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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
7	Apostle Frank R. Brit	Mr. 8427 Sand Ridy Talkahassey72 3236	M□ Add — Save
NP	_	Tarkonosser Fr 337	<u>·</u>
<u>S</u>	Brittony Tackson	257 2- Bitalton St Fr. 323	- 33□ Add LYU-Kemove
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be specij		
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The date of each amendment(s) adoption:
(date of adoption is required) Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption 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 $9/8/09$
Signature (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, o other court appointed fiduciary by that fiduciary)
Marcy C. Brinson (Typed or printed name of person signing)
Pastur / Vill President (Title of person signing)