

n 61000666173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 MAY -5 P 4: 17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. LEMIEUX  
MAY 14 2015



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340 N. Westlake Blvd. | Suite 210 | Westlake Village, CA 91362

April 29, 2014

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

**RE: FIRST CHURCH OF GOD OF ELIJAH INC.**

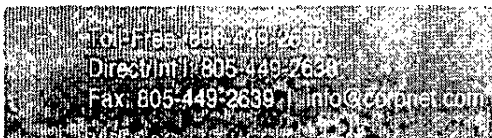
To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of **\$35.00** made payable to the FL Dept of State. For information to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addresses stamped envelope included.

Sincerely,

**Amanda J. Beren, Document Processor**  
CorpNet™, Incorporated  
888-449-2638 Ext. 105  
aberen@corpnet.com



Articles of Amendment  
to  
Articles of Incorporation  
of

FIRST CHURCH OF GOD OF ELIJAH INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N01000000173

(Document Number of Corporation (if known))

2014 MAY -5 P 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. If amending name, enter the new name of the corporation:**

First Church of God of Chosen One of Miami, Inc.

*The new name must be distinguishable and contain the word "corporation" 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:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. 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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

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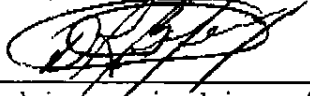
The date of each amendment(s) adoption: 4/22/2014  
*(date of adoption is required)*

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 04/28/2014

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, or other court appointed fiduciary by that fiduciary)*

Byron Filus  
*(Typed or printed name of person signing)*

President/CEO  
*(Title of person signing)*