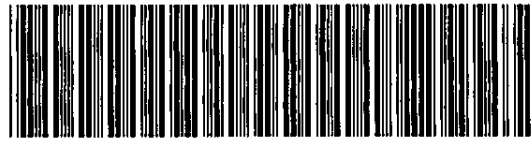


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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I ALBRITTON

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Holy Ghost Faith Temple

DOCUMENT NUMBER: NO1000006906 **EIN:** 33-1041028

The enclosed ~~articles of Amendment~~ fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Willie D. JAMES

(Name of Contact Person)

Holy Ghost Faith Deliverance

(Firm/ Company)

11700 W. Gulf Dr Apt D202

(Address)

Miami Florida 33167

(City/ State and Zip Code)

williejames50@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willie D. JAMES

(Name of Contact Person)

at (786) 337-5939

(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 Copies Enclosed)

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

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Holy Ghost Faith Temple Inc

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

NO1000006906

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statute, ~~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:

Holy Ghost Faith Deliverance Mins., 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:

9250 N.W. 17 Ave

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI, FL 33147

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

11700 W. Gulf Dr

#D202

MIAMI FL 33167

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:

Willie D. JAMES

11700 W. Gulf Dr. D202 Miami, FL 33167

(Florida street address)

New Registered Office Address

Miami

(City)

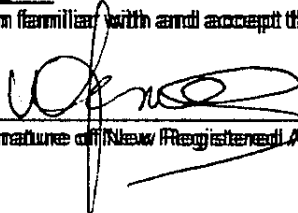
Florida

33167

(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, 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. The a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PTD as a Ch Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	Debra Lewis	11700 W Golf Dr D202 Miami FL 33167
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	SEC	Bessie Borian	6225 N.W. 22 Ave Miami, FL 33147
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	Pamela Bullock	7901 N.W. 3rd St. Bldg 21-102 Pembroke Pines, FL 33024
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	AS	Regina EASON	11700 W. Golf Dr Apt D202
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	DCEO	Willie D. James	MIAMI, FL 33167 6225 NW 22 Ave MIAMI FL 33147
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	DCEO	Willie D. James	11700 W. Golf Dr D202 MIAMI FL 33167

The date of each amendment(s) adoption: December 12, 2016, if other than the date this document was signed

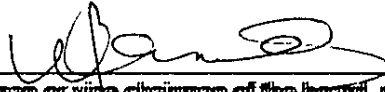
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: 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.

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 Dec. 13, 2016

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

WILLIE D. JAMES
(Typed or printed name of person signing)

D CEO
(Title of person signing)