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COVER LETTER

TO: Amendment Section Division of Corporations

LION OF JUDA	AH WORD OF FAITH C		AN MIN	ISTRIES, INC.	
N02000002776 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this					
MARY ANN GOODWYNE					
	(Name of Contact I	Person)			
LION OF JUDAH WORD OF FAITH APOSTO	DLIC CHRISTIAN MINI	STRIES,	INC.		
	(Firm/ Compa	ny)			
11828 NEW KINGS RD STE 201					
	(Address)				
JACKSONVILLE FL 32219					
	(City/ State and Zi	p Code)			
GOODWYNMARYANN@YAHOO.COM					
E-mail address: (to b	e used for future annual r	eport not	ification)	
For further information concerning this matter, j	please call:				
MARY ANN GOODWYNE		904 at		738-5019	
(Name of Contact F		(Area	Code)	(Daytime Telepho	one Number)
Enclosed is a check for the following amount m	ade payable to the Florid	a Departi	ment of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of St	ce & \$\sum \$\\$43.75\$ Filing For tatus Certified Copy (Additional copenctorsed)		Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section		Street Ac Amendm		ion	

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

LION OF JUDAH WORD OF FAITH CHRISTIAN MINISTRIES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N02000002776 (Document Number of Corporation (if known) 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: LION OF JUDAH WORD OF FAITH APOSTOLIC CHRISTIAN MINISTRIES, INC. 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. 11828 NEW KINGS RD STE 201 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) JACKSONVILLE FL 32219 C. Enter new mailing address, if applicable: 11828 NEW KINGS RD STE 201 (Mailing address MAY BE A POST OFFICE BOX) JACKSONVILLE FL 32219 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: (Florida street address) New Registered Office Address: N/A Florida_ (Zip Code) (City) 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)

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. 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>V</u>	BILLY DON GOODWYNE	5835 GILCHRIST RD JACKSONVILLE FL 32219
x Remove 2) Change Add	<u>ST</u>	SHERYL FALANA	8654 NEW KINGS RD LOT 11 JACKSONVILLE FL 32219
X Remove	C	SYBIL McDONALD KNOWLES	5245 BLAND RD JACKSONVILLE FL 32254
4) Change Add	<u>v</u>	DANNY DEWAYNE GOODWYNE	5835 GILCHRIST RD JACKSONVILLE FL 32219
Remove 5) Change	ST	CARMEN ZOE DEESE	13046 DUNN CREEK RD JACKSONVILLE FL 32218
6) Change Add			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	

date this document was signed		, if other than th
Effective date <u>if applicable</u> :	APRIL 18,2024	
	(no more than 90 days after amer	ndinent file data
Note: If the date inserted in a document's effective date on the	this block does not meet the applicable statutory fil he Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors	without shareholder action and shareholder
	2 adopted to a constant	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups for each voting group entitled to vote separately on	s. The following statement
	e departiety ()	ine amendmentie).
by N/A	east for the amendment(s) was/were sufficient for app	proval
	(voting group)	
APRIL :	18,2024	
i vai Cu		
Signature // (By a selec	director, president or other officer – if directors or other, by an incorporator – if in the hands of a received inted fiduciary by that fiduciary)	officers have not been r, trustee, or other court
Signature // (By a selec	and Amy Specific addresses of the director, president or other officer – if directors or of the directors of	officers have not been r, trustee, or other court
Signature // (By a selec	inted fiduciary by that fiduciary) MARY ANN GOODWYNE	r, trustee, or other court
Signature // (By a selec	inted fiduciary by that fiduciary)	r, trustee, or other court