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NILLAHASSEE, FLORI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: God's FAMILY WORSHIP CENTER, INC.
DOCUMENT NUMBER: NO 3 00000 5933
The enclosed Articles of Amendment and fee are submitted for filing.
The choices of the same and the die submitted for filmg.
Please return all correspondence concerning this matter to the following:
RESTON COLTRANE (Name of Contact Person)
(Name of Contact Person)
God's Family Worship CENTER, INC. (Firm/Company)
P.O. Box 68 (Address)
Yulte-, Fl. 32041 - 0068 (City/ State and Zip Code)
(City/ State and Zip Code)
For further information concerning this matter, please call:
RESTON COLTRANE at (904) 864-0859 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Securificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee Certified Copy (Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation		
God's Family Worship CENTER, INC.		
(Name of corporation as currently filed with the Florida Dept. of State)		
(3. 3. 3. 4. p. a		
N0300005933		
(Document number of corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not F Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	or Pro	fit
NEW CORPORATE NAME (if changing):		
FREEdom CHAPEL, INC. (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words	- 6101 1	
language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)	oi like i	mport in
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Ar	ticle	
Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC		
<u>N/A</u>		
	—————————————————————————————————————	
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(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was:
Effective date if applicable: N/A (no more than 90 days after amendment file date)
(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 was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature Austra Outnow (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.)
PRESTON COLTRANE
(Typed or printed name of person signing)
PASTIL
(Title of person signing)

FILING FEE: \$35