N0500004511

Office Use Only



000256600440

02/18/14--01046--028 **43.75

SECRETARY OF STATE



Leo Coney: President 28701 S.W. 153 AV. Apt. 7 Homestead, Florida 33033

786-349-8546

E: Mail - P Coney@ Comcast. Net

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAST Charce Apostolic Ministries Inc
DOCUMENT NUMBER: 47-0957234
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leo Coney (Name of Contact Person)
Last Chance Apostatic Ministries Inc. (Firm/Company)
28701 Sw. 153 AV. Apt. 7 Honstd. Fla. 33033
Homestead, Florida 33033
Peoney @ Comcast. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
See Coney at (786) 349-8546 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

Last Chance Apostotic Ministries Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
47-0957234	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	following
A. If amending name, enter the new name of the corporation: Church OF GOD Ministry Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." of	_The new 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) Homestend, Fla. Applicable: 3303	17
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Homestead, Fla. Ap 3303	5 1 7 3
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: NA	
(Florida street address) New Registered Office Address: 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.	14
Signature of New Registered Agent, if changing	FEB 18
Page 1 of 4	15 OH OF 11

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	NA		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change Add Remove	<u> </u>				
2) Change Add Remove				· · · · · · · · · · · · · · · · · · ·	
3) Change Add Remove	<u>.</u>			·	
4) Change Add Remove		_			
5) Change Add					
Remove 6) Change Add Remove					

E. If amending or adding additional Article (attach additional sheets, if necessary).	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
A f A	
NA	
•	

The date of each amendment(s) adoption: $02-14-2014$ date this document was signed.	, if other than the
Effective date if applicable:	<u></u>
(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 02-14-7014	
Signature Leo Coney - President	
(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)	
Leo Coney	
(Typed or printed name of person signing) President	
(Title of person signing)	