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COVER LETTER

TO: Amandment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Had Call	Ministry International, Inc				
DOCUMENT NUMBER: <u>NO5000</u>	61/002				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Stephanieh H (Name of C	ontact Person)				
Final Call Mini	Stry International, Inc				
1721 Darlington	dress)				
Tampa, Fl. 3 (City/State	33619 and Zip Code)				
For further information concerning this matter, please call:					
Stephan-le-Riniets (Name of Contact Person)	at (8/3-)484-8059. (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dept. of State)

(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		÷
tipal Call Ministries	nternational, Inc.	, ···.
he new name must be distinguishable and co	ontain the word "corporation" or "in	corporated" or the
bbreviation "Corp." or " Inc." <u>"Company" o</u>	or "Co." may not be used in the name.	
Enter new principal office address if any	diaabla.	
. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		······································
The put office dutiess MOST DE A STREET		
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) 	_	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE		
(Muting dutiess MAT DE ATOST OFT)	CE BOX)	
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The state of the second		
		nter the name of the
. If amending the registered agent and/or remains new registered agent and/or the new regis		nter the name of the
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new registered agent and/or the new regis		nter the name of the
new registered agent and/or the new registered Agent:	stered office address:	nter the name of the
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new registered agent and/or the new registered Agent:	stered office address:	
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	(Florida street address)	, Florida
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing	(Florida street address) (City) ng Registered Agent:	, Florida (Zip Code)
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing the hereby accept the appointment as registered.	(Florida street address) (City) ng Registered Agent:	, Florida (Zip Code)
Name of New Registered Agent: New Registered Office Address: Week Registered Agent's Signature, if changing thereby accept the appointment as registered.	(Florida street address) (City) ng Registered Agent:	, Florida (Zip Code)
Name of New Registered Agent:	(Florida street address) (City) ng Registered Agent:	, Florida (Zip Code)

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>	Type of Action
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	 		Add Remove
,			Add Remove
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(attach ad	ling or adding additional Arti Iditional sheets, if necessary).	(Be specific)	
See	attached Shee	+ for Mission &	ratement
Ameri	Iment		
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The date of each amendment(s) adoption: 12/1/2008
Effective date if applicable: 12/1/208 (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.
Signature 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)
Stephane R. Hicks (Typed or printed name of person signing)
Secretary (Title of person signing)

Page 3 of 3





MISSION STATEMENT

Amendment

To provide assistance to individuals and companies, nationally and internationally.