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JOHN WELL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: House of God Miracle Temple Inc, of West Hollywood						
DOCUMENT	NUMBI	ER: N06873				
The enclosed A	rticles o	f Amendment and fee are submi	tted for	filing.		
Please return al	l corresp	ondence concerning this matter	to the fo	ollowing	g:	
		Devane (Name of Co				
				ŕ		
		House of God Miracle Ten (Firm/ C			Vest Hollywoo	<u></u>
		10291 NV	N 18 D)rive		
			iress)	/IIVC		
		Plantation	, FL 3	3322		
		(City/ State &	ınd Zip	Code)		· · · · · · · · · · · · · · · · · · ·
		devane.ben E-mail address: (to be used fo				on)
For further info	rmation	concerning this matter, please ca	all:			
Devane Ben			_ at (954		
(Name of	Contact Person)		(Area	Code & Daytime	Telephone Number)
Enclosed is a cl	heck for	the following amount made pays	able to t	the Flori	da Department o	f State:
		☐ \$43.75 Filing Fee & Certificate of Status	Certifi	ied Copy tional co sed)	ppy is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Division Cliftor 2661 E	Address dment Section on of Corporations in Building Executive Center C assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

OS OR STATE OF STATE

House of God Miracle Temple, Inc. of West Hollywood (Name of Corporation as currently filed with the Florida Dept. of State)

N06873

(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:

The new name must be distinguishable and abbreviation "Corp." or "Inc." <u>"Company"</u>		
B. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicab		
(Mailing address <u>MAY BE A POST OF</u>	<u> </u>	
		da, enter the name of the
1. If amending the registered agent and/o new registered agent and/or the new re		da, enter the name of the
new registered agent and/or the new re	egistered office address:	
new registered agent and/or the new re)
new registered agent and/or the new re	egistered office address:	
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: Wew Registered Agent's Signature, if chan	(Florida street address) (City)) , Florida (Zip Code)
Name of New Registered Agent:	(Florida street address) (City)) , 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>	Address	Type of Action
<u>D</u>	Anthony Bennett	141 Holly Lane Plantation, FL 33317	☐ Add ☐ Remove
D	David Sapp	2516 Baleignest, FL 33	Add Remove
(attach ac	ding or adding additional Articles, end dditional sheets, if necessary). (Be spent to Bylaws of Organization	ter change(s) here: pecific)	
			·
	· - · · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) a	doption: 11//2009
`,	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 11/7/200 Signature	evane Devuk
have not	Chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)
	Devane Bennett
_	(Typed or printed name of person signing)
	PD
_	(Title of person signing)