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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Christ International Ministrie Missionary Buptet
DOCUMENT NUMBER: NOT 0000 378/
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ghisler Noel
(Name of Contact Person)
Christ International Ministres misc (Firm/Company)
12730 nw 17th Ave
<u>Miami</u> Fl 3316/1
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chisler Noel at (780) 413 5809 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) \$35 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional Copy is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed)

Articles of Amendment

to

Articles of Incorporation

Unrist International Ministries Missionani Bap	HST	(hur
(Name of Corporation as currently filed with the Florida Dept. of State)		V
(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:		
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp."	_The new or "Inc."	
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable: NOT APP 1 (able	_	
(Principal office address MUST BE A STREET ADDRESS)		
	-	
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NH APP (able)		
	-	
	-	
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: NOT APPICANE		_
Name of New Registered Agent.	7	
(Florida street address)	APR	2á
New Registered Office Address:	.,=	
N. Mani Florida_33/a	<u> </u>	
(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.	47	취찬 지금
· · · · · · · · · · · · · · · · · · ·		
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	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>C</u> _	Jean Jacques	105 NW 1185+ miami, Fl 3316
2) Change Add			
Remove 3) Add			
Remove 4)ChangeAdd			
Remove 5)ChangeAdd			· · · · · · · · · · · · · · · · · · ·
Remove 6) Change Add			
Remove			

2. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
NOT APPlicable	
,	

The date of each amendment(s) adoption:	
date this document was signed. Effective date if applicable: NOT HONI CABLE	
(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 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)	_
Ghisler Næ	
(Typed or printed name of person signing) Of Sident Ghusler Mole (Title of person signing)	