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(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Believel	25 IN Christ outreach USNISIR
	0000623
The enclosed Articles of Amendment and fee are subm	
Please return all correspondence concerning this matter	r to the following:
Pasta.	BONNY CONEY (Name of Contact Person)
(	(Name of Contact Person)
Paliever	SIN Christout Reach winistries (Firm/Company)
	(Firm/ Company)
تى/	(Address)
	(Address)
GA	2, NESVILLE FLA 32606
<del></del>	City/ State and Zip Code)
<b>ॐ</b>	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
PASTOR BONNY CONE	ey 786-427-0852
(Name of Contact Person)	at 786-427-0852 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Incorporation

Believers IN Christ out	a Dept. of State)	
N	0800000062	3
	nber of Corporation (if k	
ursuant to the provisions of section 617.1006, Florida Stat mendment(s) to its Articles of Incorporation:	autes, this Florida Not Fo	or Profit Corporation adopts the following
. If amending name, enter the new name of the corpor	ration:	
		The new
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporated	l" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	7A. 2
		<u> </u>
Enter new mailing address, if applicable:		Sign & F
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
		*** <b>6</b> 0
		QD.
<ul> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ul>		, enter the name of the
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:	(F.	lorida street address)
		, Florida
<del></del>	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		the obligations of the position.
<del></del>	Signature of New Regist	ered 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>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		WALKER, OAhlia	S 4355 FONLAINVIEW LANG ORTANDOFL 32808
Remove  2) Change Add	D	Coney. 2 bony c	2721 N W 104 CT CAINESUITE FLA 32606
√ Remove 3 ) Change Add Remove		•	
4) Change Add			SECRETA SECRETA
Remove 5) Change Add			
6) Change Add			- CD
Remove E. If amending or addi (attach additional she		Page 2 of 4  rticles, enter change(s) here:  . (Be specific)	
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	Page 3 of 4	FILED  20 JAN -3 AM II: 40  COKLIANY OF STAIL  CLAHASSEE FLORIDA
	- ug vi ·	E T
		ASSECTION
		E E
		<b>1</b>
The date of each amondment(c) adopt	ion:	•
date this document was signed.	ion:	, it other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block d document's effective date on the Depart	oes not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for t	he amendment(s)

	no members or members entitled to vote on the amendment(s). The amendment(s) was/were y the board of directors.
D	ated $1-3-20$
S	ignature Bort
	(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)
	(Typed or printed name of person signing)
	WASTOR

FILED

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SECRETARY OF STATE ARE ASSECTED TO GROW

(Title of person signing)