N080000001321

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Amendicc Ta 8/23/12

COVER LETTER

TO: Amendment Section Division of Corporations GOD IS GREATER HOMELESS OUTREACH MINISTRY-INCORPORATED NAME OF CORPORATION N08000007321 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sheila Hodges (Name of Contact Person) GOD IS GREATER HOMELESS OUTREACH MINISTRY- INCORPORATED (Firm/ Company) 11935 SW 188 Terrace (Address) Miami, FL 33177 (City/ State and Zip Code) sheila119353@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Sheila Hodges

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State: 134

\$35 Filing Fee \$43.75 Filing Fee & \$2\$43.75 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 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 Taliahassee, FL 32301

Articles of Amendment Articles of Incorporation

GOD IS GREATER HOMELESS OUTREACH MINISTRY - NCOrporated

(Name of Corporation as currently filed with the Florida Dept. of State) N08000007321 (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 the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida (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. Signature of New Registered Agent, if changing

Page 1 of 4

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

(attach additional sheets, if necessary). (Be specific)						
Article III Purpose						
To Add: To provide Low-Income Housing						
To Keep: To provide 24 hour emergency shelter, survival kits, and referral services						
To Remove: to open a soup kitchen and to provide services to the homeless population.						
*						
						

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption: 8/18/12				
Effective date <u>if applicable</u> :		8/20/12		
		(no more than 90 days after amendment file date)		
Ado	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.		
	There are no members or adopted by the board of o	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.		
	Dated $\frac{8/2}{y}$	0/12		
	have t	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)		
	Sheila	Hodges		
		(Typed or printed name of person signing)		
	Preside	ent		
		(Title of person signing)		