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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations

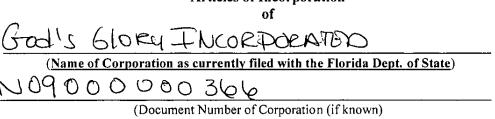
Tallahassee, FL 32314

NAME OF CORPORATION: GOd'S GLORY INCORPORATE DOCUMENT NUMBER: NO900000366 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Souzpoo @ yahoo, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susie at (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



(Document relimber of Corporation (it 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:

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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)

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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)

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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 |
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| The date of each amendment(s) ad | option: |
|---|--|
| 700 | (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 ado was/were sufficient for approval. | pted by the members and the number of votes cast for the amendment(s) |
| There are no members or members adopted by the board of directors | ers entitled to vote on the amendment(s). The amendment(s) was/were |
| Dated | 5109 |
| (By the cl | nairman 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, or appointed fiduciary by that fiduciary) |
| | Susie Poux |
| | (Typed or printed name of person signing) |
| ·. | President |
| | (Title of person signing) |