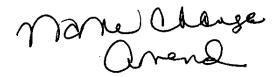
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: COMMUNITY	FELLOWSHIP CHURC	H OF CLEWIST
DOCUMENT NUM	BER: <u>N09000002180</u>		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
		. HARRELL,PASTOR	
	(Name of	Contact Person)	
	(Firm	/ Company)	
		3OX 1040	
	(A	Address)	
		ACH,FL 33425-1040	- "
	(City/ Stat	e and Zip Code)	
-	DRHARRELL@BIB E-mail address: (to be used	LECOLLEGE-EDU.COM for future annual report notifica	ution)
For further information	on concerning this matter, please	e call:	
DR ANNETTE B.	HARRELL	at (561)_396-390	
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Department	of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

FILED 2010 FEB 24 PH 12: 05

COMMUNITY FELLOWSHIP CHURCH OF CLEWISTICAL (Name of Corporation as currently filed with the Florida Dept. of State)

N09000002180

A. If amending name, enter the new name of the corporation:

(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:

BEAULAH TRINITY COMMUNITY FELLOWSHIP CHURCH OF CLEWISTON, INC.

Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDI	SAME RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	SAME	
new registered agent and/or the new registered or		enter the name of the
	ffice address:	······
Name of New Registered Agent:	ffice address: SAME	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>	,	<u>Address</u>	Type of Action
				Remove
				🗖 Add
E. If amen (attach a	ding or adding add dditional sheets, if r	litional Articles, en necessary). (Be sp	ter change(s) here: pecific)	
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	•			
	· ·			
	<u></u>	<u> </u>		
	•			

The date of each amendment(s) a	doption: JANUARY 03,2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
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 memiadopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 02/22/20	010 <u>(</u>
(By He have no	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator — if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)
<u></u>	DR ANNETTE B. HARRELL
	(Typed or printed name of person signing)
_	VICE PRESIDENT
	(Title of person signing)

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