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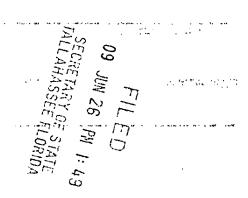
(Requestor's Name)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: Rubin And	derson Minis	stries, INC	
DOCUMENT NU	мвек: <u>N090000060</u>	80		
The enclosed Articl	es of Amendment and fee	are submitted for	filing.	
Please return all con	respondence concerning th	is matter to the f	ollowing:	
	(A)	Rubin Anders		
	(Na	ame of Contact P	erson)	
	Rubin /	Anderson Mini	·	
		(Firm/ Compan	y)	
	G. C. et	435 31st Stre	et	· · ·
 . 1 	er i gregorija Gregorija	(Address)	•	C52.
		Palm Beach, F		
	(Ci	ty/ State and Zip	Code)	
	reve E-mail address: (to	erendrubin@m be used for futur		ification)
For further informa	tion concerning this matter	, please call:		
Rubin Andersor	1	at (561) 234-9	9488 lytime Telephone Number)
(Nan	ne of Contact Person)		(Area Code & Da	ytime Telephone Number)
Enclosed is a check	for the following amount	made payable to	the Florida Departr	nent of State:
□\$35 Filing Fee	\$43.75 Filing Fee of Certificate of Status	Certif	ied Copy tional copy is	_
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Corrallahassee, FL 32	on rations enter Circle

Articles of Amendment to Articles of Incorporation

Rubin Anderson Ministries, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000006080

(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 co

Rubin Anderson Minist	tries & Cathedral of Faith, INC	
The new name must be distinguishable and con ubbreviation "Corp." or "Inc." <mark>"Company" or</mark>	•	acorporated" or the
B. Enter new principal office address, if application of the Astraction of the Astra		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
D. If amending the registered agent and/or re		nter the name of th
new registered agent and/or the new registered Name of New Registered Agent:	ered office address:	
New Registered Office Address:	(Florida street address)	
		, Florida
	(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.

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) ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: June 22, 2009			
•`	(date of adoption is required)		
Effective date <u>if appli</u>			
	(no more than 90 days after amendment file date)		
Adoption of Amendm	ent(s) (<u>CHECK ONE</u>)		
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.		
There are no meml adopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.		
	ature SAndusn		
	(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, o other court appointed fiduciary by that fiduciary)		
	Sharon Anderson		
	(Typed or printed name of person signing)		
	1 Vice President (VP)		
	(Title of person signing)		