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10/5/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CODPOI	PATION: S. / Ph	11:00 Rhema	Ministries Internation
NAME OF CORFOR	ATION: O'C'FILE	THE MITTING	11 PONTE DE LE TUE
DOCUMENT NUMI	BER: <u>N0900000 7</u>	178	
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
	S. C. Phil (Name of	Contact Person)	
<u>S</u> .	L. Phillips	Rhema Mir	ristries International
· 	2010 Thoma	as Road Address)	
\mathcal{I}_{ℓ}	a <i>llaha 55 e e</i> (City/ Sta	F1 32312 te and Zip Code)	
Min	scies Rhema@ E-mail address: (to be use	Yaha . Com Tor future annual report notifica	ation)
For further information	on concerning this matter, pleas	e call:	
		at (
(Name	of Contact Person)	at ()(Area Code & Daytin	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t 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 Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment to

11 OCT -5 PM 1: 29

Articles of Incorporation

as currently filed with the Florida Dept. of State 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: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: New Registered Office Address: (Florida street address) (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)

	<u>Name</u>	_	<u>Address</u>	Type of Ac
Director Mission	Janice	Guinyard	7201 8th St	NW Add
Mi 55100 1	1 - In m		Washington, D	C
			VV Jon V	20012
				☐ Add
-				☐ Remov
		onal Articles, enter c		
(attach addi	itional sheets, if nece	essary). (Be specifi	(c)	
· · · · · · · · · · · · · · · · · · ·				
<u>.</u>				

The date of each amendment(s) adoption: October 05, 2011
(date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated October 05, 2011
Signature
(Typed or printed name of person signing)
Financial Manager/Treasuro