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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: GOLDEN AGE	ES MINISTERY, INC	<del></del>
DOCUMENT NUM	BER: N09000007671		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		MAYORGA	
	(Name of	Contact Person)	
	MINORITY CHAMB	ER OF COMMERCE , INC	S
	(Firm	/ Company)	
	, 701 BRI	CKELL #1550	
	(/	Address)	
	MIAMI, F	LORIDA 33131	
	(City/ Sta	te and Zip Code)	
	director@mi E-mail address: (to be use	noritychamber.net d for future annual report notifi	ication)
For further informati	on concerning this matter, please	e call:	
DOUG MAYORG	iA .	at (786)260-19	965 time Telephone Number)
(Name	of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departme	ent of State:
	☐ \$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 Corpora Clifton Building 2661 Executive Cen Tailahassec, FL 323	tions ter Circle

#### **Articles of Amendment**

to

### Articles of Incorporation of

Golden Ages M.	inistery, Inc			
(Name of Corporation as currently filed with the Florida Dept. of State)				
N0900007671				
(Document Nur	mber of Corporation (if known)	<del></del>		
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		or Profit Corporation adopts		
A. If amending name, enter the new name of	of the corporation:			
GOLDEN	AGE MINISTRY, INC			
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or				
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		SEO TALL		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		AUG 10 PH 3: 5) RETARY OF STATE LAHASSEE, FLORIDA		
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)			
	(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if change I hereby accept the appointment as registere position.	ing Registered Agent:			
	Signature of New Registered Agent, if	changing		

#### ATTACMENT #1

## GOLDEN AGE MINISTRY, INC

EIN#27-0692819

#### **Statement of Declaration:**

Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete.

"Notwithstanding any other provision of this document, the Organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from Federal Income Tax under section 501-c(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future Federal Tax Code".

"No part of the net earnings of this organization shall inure to the benefits of this institution, or to be distributed to its members, trustee, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in the purpose clause hereof".

"Upon winding up and dissolution of this corporation, after paying or adequately providing of the debts and obligations of the corporation, the dissolution of the organization, assets shall be distributed for one or more exempt, purpose within the meaning of section 501-c(3) of the Internal Revenue Code, or corresponding section of any future Federal Tax Code, or shall be distributed to the Federal Government, or to a State or Local government, for a public purpose."

This amendment is adopted immediately and effective today August 10, 2009 and the number of votes cast for the amendment was sufficient for approval.

Declared by:

EDMEE MOLINA

**PRESIDENT** 

## 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
			☐ Add ☐ Remove
<u>VP</u>	MARITZA QUILES	12432 BLACKSMITH DRIVE #3 ORLANDO , FL 32837	Add Remove
SECR	JOSEFA CRUZ	12432 BLACKSMITH DRIVE #307 ORLANDO, FLORIDA 32837	Add Remove
(attach a	ding or adding additional Article dditional sheets, if necessary). (E		
SEE ATT	ACHMENT #1		
******			
	<u>,</u>		

The date of each amendmen	t(s) adoption: AUGUST 9, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) AUGUST 9, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wee was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
	ust 9, 2009
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	EDMEE MOLINA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)