## N0900008307

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## COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

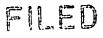
TRUE WORSHIPPER			
N0900008307			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
	MAXO SINAL		
(	Name of Contact Pe	rson)	
SINAL	CONSULTING GE	ROUP, LLC	
	(Firm/ Company	)	
18800 1	NW 2ND AVENUE	SUITE 221	
	(Address)		
MIA	AMI GARDENS, FL	. 33169	
(	City/ State and Zip	Code)	
MA	XOSINAL@AOL.	СОМ	
E-mail address: (to be used	for future annual rep	ort notification	1)
For further information concerning this matter, please of	call:		
MAXO SINAL	at	(305)	308-8229
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	D Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ar Di	reet Address mendment Sect vision of Corpo ne Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

## Articles of Incorporation of



TRUE WORSHIPPERS BY FAITH MINIS 1881 STANC 22 AH 11: 15

(N) 60 (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1 )	to data thank of Carach	
Name of Corporation as currently filed with the F	· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE
ì	N09000008307	SEGRETARY OF STATE TALLAHASSEE, FL
(Documen	t Number of Corporati	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
TRUE WORSHIPPERS OF GOD MINISTRIES, INC	2.	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incor	rporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u> )	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		Florida, enter the name of the
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		(Florida street address)
		DI 11
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		d accept the obligations of the position.
	D. 69	
	Signature of Nev	w 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>neş</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	ROBENSON DUMERLUS	314 N 61st TERRACE SUITE 203 HOLLYWOOD, FL 33024
Remove			
2) X Change Add	VP/T	EUNIDE RINVILLE	314 N 61st TERRACE SUITE 203 HOLLYWOOD, FL 33024
Remove 3) × Change Add Remove	<u>\$</u>	STEVENSON CLERMENCEAU	13950 NW 22ND AVENUE OPA-LOCKA, FL 33054
4) × Change Add	<u>M</u>	CICERON PERICLES	13950 NW 22ND AVENUE OPA-LOCKA, FL 33054
Remove			
5) <u>×</u> Change Add	<u>M</u>	ERICK PIERRE	OPA-LOCKA, FL 33054
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption: date this document was signed.	MARCH 14, 2021	, if other than the
and this document was signed.		
Effective date if applicable:	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

adopted by the boa	rd of directors.
Dated	MARCH 14, 2021
Signature	
	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, or other court appointed fiduciary by that fiduciary)
	ROBENSON DUMERLUS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were