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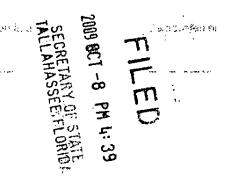
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10/9/09

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TO: Amendment Section **Division of Corporations**

2 1	00 1 1 1 1	1 1 1 1 - 1
NAME OF CORPORATION: <u>Capstone</u>	Ministries Inte	ernational of lampa, inc
DOCUMENT NUMBER: WO 9 0000	44394	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
<u>Carol Sue</u> (Name of	Unite Contact Person)	
· ·	,	
(Firm	/Сотралу)	
8830 Wellin	aton Drive	
Tampa, FL 33 (City/State	3 635 e and Zip Code)	
C5 White +6 fla E-mail address: (to be used	O Vahoo, Com	eation)
For further information concerning this matter, please	call:	
Carol White (Name of Contact Person)	at (<u>8/3</u>) <u>498</u> (Area Code & Dayti	5 - 0094 me Telephone Number)
Enclosed is a check for the following amount made page	ayable to the Florida Departmer	nt of State:
\$35 Filing Fee \$\Bigcup \\$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 Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2009 BCT -8 PM 4: 39

SECRETARY OF STATE

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			
E. If ame (attach	nding or adding additional A additional sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	
 .			
			·

	10/11/10
The date of each amendment(s) adoption	on: 10/06/09
•	(date of adoptionis required)
Effective date <u>if applicable</u> :	10/06/09
(1	no more than 90'days after am'endment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated	109
Signature <u>Car</u>	al S. Winter
	nan or vice chairman of the board, president or other officer-if directors
	selected, by an incorporator – if in the hands of a receiver, trustee, or
other court app	pointed fiduciary by that fiduciary)
	Jarol S. White
	(Typed or printed name of person signing)
	President
	(Title of person signing)