N09000009940

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TO: Amendment Section
Division of Corporations

NAME OF C	CORPORATION: WORSHIP CH	HURCH MINISTRIES, INC
DOCUMEN	t number: <u>N0900009940</u>	
The enclosed	Articles of Amendment and fee are su	omitted for filing.
Please return	all correspondence concerning this made	ter to the following:
: -	: MARIA M.	CALDAS-LOPES
		Contact Person)
	MADE IN BRAZIL INSURAN	CE AND SERVICES AGENCY, INC.
	(Firn	n/ Company)
	3800 FOWLE	R STREET SUITE 5
	(Address)
	FORT MYER	S, FLORIDA 33901
****	(City/ Sta	te and Zip Code)
1 4	MADEINBRAZILSE E-mail address: (to be use	RVICES@HOTMAIL.COM and for future annual report notification)
For further in	formation concerning this matter, pleas	e call:
MAIRA M.	CALDAS-LOPES	at (239) 931-6079
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount made p	payable to the Florida Department of State:
\$35 Filing	Fee \$\sum \$\\$43.75 \text{ Filing Fee & Certificate of Status}	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	is enclosed) Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WORSHIP CHURCH MINISTRIES, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N09000009940	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>
ALLIANCE MINISTRY	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	"corporation" or "incorporated" or the be used in the name
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1019 Nouth Veronica Shoomaker Blud Ft. Myers Florida
	33916
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1019 South Veronica Shoemaker Blue
	H. Myens, Florida
	33916
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 add	Iress:
Name of New Registered Agent:	
·	7/12
New Registered Office Address: (Flori	da street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am	gent: familiar with and accept the obligations of the

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			<u>Ty</u>	pe of Action
<u>T</u> .	FILEMON I	FLORIANO		14151 DA		LOOP ORIDA 33912		Add Remove
<u>VT</u>	ANA P. FLO	DRIANO		14151 DA		LOOP ORIDA 33912		Add Remove
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· · · · · · · · · · · · · · · · · · ·						. !		-
(attach addi	tional sheets, if	ditional Articles necessary). (Bi	e specific		ere:		,	
*THAIS HEI		FROM: SD	TO: V	PSD		* 1		
*JEFFERSC	N V. ROSA	FROM: VPD	TO: V	SD				
*ZILA M. P.	DIAS .	FROM: VSD	TO: T	D ·				4
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The date of each amei	ndment(s) adoption: <u>07/07/201</u>	0 :	
: Effective date <u>if appli</u>	(date o	of adoption is required) :	
	(no more than 90	days after amendment file date)	
· - ·	-		
Adoption of Amendm	ent(s) (CHECK ON	(E)	
The amendment(s) was/were sufficient		and the number of votes cast for the amend	iment(s)
There are no member adopted by the boar		the amendment(s). The amendment(s) was	s/were
Date	d 07/07/2010		
Sign	ature		
		man of the board, president or other officer	
**	other court appointed fiduciary	incorporator — if in the hands of a receive	r, trustee,
•	· ·	by materidudiary)	
	THA	NS HEIDEMANN	
	(Typed or pri	nted name of person signing)	
	· ·		
		VPSD	
	(Title o	of person signing)	
: :			

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