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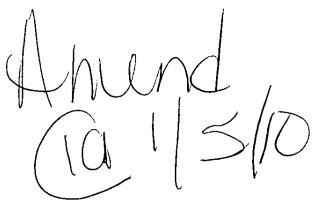


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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section **Division of Corporations** linistries, **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to Articles of Incorporation of

End Times Harves	st Internatio	ina Mini	stries
(Name of Corporation as currently file			
N0900001	1279		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporate		r Profit Corporation a	idopts
A. If amending name, enter the new name of the cor	poration:		
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co."			
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)		TASE
	, , , , , , , , , , , , , , , , , , ,		SECRETARY EL FLORIDA (ALLAHASSEE, FLORIDA OF DEC. 31 PM 3: 45
			いる
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	·	3. SEE
			PH 3: 45
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			S D
D. If amending the registered agent and/or registere	d office address in Florida,	enter the name of the	2
new registered agent and/or the new registered of	ffice address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis			
I hereby accept the appointment as registered agent. position.	I am familiar with and ac	cept the obligations o	of the
Cionatura	of New Registered Agent, if c	hanaina	
Signuture	oj men rekisieleu akelli, il C	manging	

	ditional sheets, if necessary)	each Officer and/or Director bein	
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Remove
			Remove
			☐ Remove
E. <u>If amer</u>	iding or adding additional Arti	cles, enter change(s) here:	
A i	additional sheets, if necessary).	(Be specific)	
HC+	icle 1X	7	
Dis	solution of C	roction i	will be as
:34	Upon the di	ssolutionst	this organiz
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The date of each amendment(s) adoption: (date of adoption is required) (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.
Dated12 29 09 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)
Monica Delgado
(Typed or printed name of person signing) Pesident
(Title of person signing)

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