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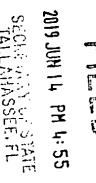
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### **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

THE ORIGINAL A	APOSTOLIC CHURC	CH, INC.	
N1000007442 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	·	_	
·	_		
Please return all correspondence concerning this matter	er to the following:		
PHILBERT HILLIMAN			
	(Name of Contact Pe	rson)	
PHIL'S ACCOUNTING & BUSINESS SERVICE,	INC.		
	(Firm/ Company	)	
1860 N PINE ISLAND ROAD STE 107			
	(Address)		
PLANTATION, FL 33322			
	(City/ State and Zip C	lode)	
E-mail address: (to be used	I for future annual rep-	ort notification	n)
For further information concerning this matter, please	call:		
PHILBERT HILLIMAN	at.		797-9292
(Name of Contact Person	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee Teate of Status Ted Copy Itional Copy is osed)
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
1 .O. DOX 0327	Can	con ranuing	

2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment

to

#### Articles of Incorporation

of

#### THE ORIGINAL APOSTOLIC CHURCH, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) N10000007442 (Document Number of Corporation (if known) 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: N/A 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. 6299 W SUNRISE BLVD STE 109 - 110 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) SUNRISE FL 33313 C. Enter new mailing address, if applicable: PO BOX 25476 (Mailing address MAY BE A POST OFFICE BOX) TAMARAC FL 33320 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: (Florida street address) New Registered Office Address: N/A , Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: Thereby 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)

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
(attach additional sheets, if necessary).	(Be specific)				
N/A					
	-				
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06/10/2019 \_, if other than the The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. 06/10/2019 Dated Signature (By the chairman of 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) WINSOME YOUNG (Typed or printed name of person signing)

**PRESIDENT** 

(Title of person signing)