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## COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION		R OF GOD MINISTRIE	S INC.		
	N11000011496				_
The enclosed Articles of Am			•		5
Please return all corresponde		-			
CEDRIC THOMPSON					
	(	Name of Contact Person	1)		_
THE ROYAL ORDER TO	GOD MINISTRIES INC.				
		(Firm/ Company)			_
19390 COLLINS AVE SUI	TE 515				
<del> </del>		(Address)	<del>- <u>-</u>, ,</del>		
SUNNY ISLES BEACH, FR	. 33160				
	(	City/ State and Zip Code	e)		_
gov501c@gmail.com					
E	-mail address: (to be used	for future annual report	notificatio	n)	_
For further information conc	erning this matter, please o	eall:			
CEDRIC THOMPSON		30: at	5 877 455	4	
	(Name of Contact Person)			(Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Depa	artment of	State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certit Certit (Addi	0 Filing Fee ficate of Status fied Copy fitional Copy is fosed)	
Mailing A			Address Iment Sect	ion	
Division of Corporations		Division of Corporations			
P.O. Box	6327	Clifton	Building		

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

. Articles	s of Incorporation
THE ROYAL ORDER OF GOD MINISTRIES INC.	of
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
N11000011496	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:
N/Λ	The new
name must be distinguishable and contain the word "corpora" "Company" or "Co," may not be used in the name.	ttion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	19390 COLLINS AVE SUITE 515
(Principal office address MUST BE A STREET ADDRESS	SUNNY ISLES BEACH, FL 33160
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Mulling Buuress MAT BE AT 037 OTTICE BOX)	
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office a	address:
Name of New Registered Agent:	
Many Darkstaned Office Address	(Florida street address)
<u>New Registered Office Address:</u> N/A	
	(City) , Florida
	(Chy) (Zup Chue)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
<del></del>	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 <math>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.

X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	ļ s	BONI THOMPSON	19390 COLLINS AVE
Add			SUITE #1009 SUNNY ISLES
X Remove			BEACH, FL 33160
2) Change	VP, T, S	DAWNE THOMPSON	19390 COLLINS AVE
X Add			SUITE 515, SUNNY ISLES
Remove			BEACH, FL 33160
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove	•		
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)								
N/A								
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The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	oe listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for appr	adopted by the members and the number of votes cast for the amendment(s) oval.	
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated		
Signature'	2)	_
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)	
CED	RIC THOMPSON	
	(Typed or printed name of person signing)	
PRES	IDENT	
	(Title of person signing)	