NIIOOOOIIUO

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	:#)
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Amend

DEC 8 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

1

NAME OF CORPORATION: AWAKENING	of House	eaf	Prayer, Inc.
		,	· · · · · ·
DOCUMENT NUMBER: <i>N [0 0 0 0] </i>	610	<u>. </u>	
The enclosed Articles of Amendment and fee are submitt	ted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Jennifer Le	ame of Contact Persor	1)	
Awahening Hous	E of Pray	es .	
2049 S. Ocean	•		
(Tadioss)			
Hallandale Brach, Ft 33009 (City/ State and Zip Code)			
(C	ity/ State and Zip Code	e)	
awallening house a E-mail address (to be used fo			ril-com
E-mail address (to be used to	r future annual report i	notification	
For further information concerning this matter, please cal	1:		
Jennifer Le Claire	e at S	305	4674284
(Name of Contact Person)		ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payat	ble to the Florida Depa	urtment of S	State:
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Adduses	Stunet	Addwara	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

. 1	of		
Awattening	House of P.	raver the	
(Name of Corporation as c	currently filed with the Flor	ida Dept, of State)	
Minn	001/610		
(Document	Number of Corporation (if ki	омп)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following	
A. If amending name, enter the new name of the cor	poration:		
NA		The new	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated		
B. Enter new principal office address, if applicable:	NA		
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	100	
			_
C. Enter new mailing address, if applicable:	_		\ ~
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		ر
	 		
		6m	
D. If amending the registered agent and/or registere	d office address in Florido	enter the name of the	
new registered agent and/or the new registered o		enter the name of the	
Name of New Registered Agent:	N/A		
	 		
New Registered Office Address:	(Fl	orida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept	the obligations of the position.	
	MA	•	
	Signature of New Regist	ered 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	PT John E V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	D	James Loctre	12850 W. state Rd 84 #5-17 Dane, FZ 33325
2) Change Add	<u>D</u>	Julia Palermo	2020 NE 135th 5t. Miami, FZ 33187
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 c (attach additional sheets, if necessary). (Be specific	<u>:hange(s) here</u> : ic)	
M		
	·	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 1/26/5 (no more than 90 days after amendment file of	date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast was/were sufficient for approval.	for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment by the board of directors.	ndment(s) was/were
Dated 11/10/15 Signature Juliuse	
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(By the chairman or vice chairman of the board, president or other have not been selected, by an incorporator – if in the hands of a other court appointed fiduciary by that fiduciary)	
Tennser Le Clair (Typed or printed name of person sig	<u>^</u>
(Typed or printed name of person sig	ning)
President	
(Title of person signing)	