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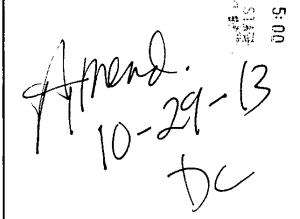
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TO: Amendment Section Division of Corporations ত্তিক ক্ষেত্ৰ ক্ষেত্ৰ ক্ষেত্ৰ ক্ষেত্ৰ কৰা কৰা কৰা কৰা কৰা কৰা কৰা কৰা কৰা কৰ				
NAME OF CORPORATION: Testifice Ministries				
DOCUMENT NUMBER: N12000010192				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Kim Gemeinhardt (Name of Contact Person)				
(Firm/ Company)				
(Firm/ Company)				
Roseland Fl 32957				
(Address)				
Rosaland FC 32457				
(City/ State and Zip Code)				
testificeministries @ gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Kin Gemeinhardt at (772) 913-5549 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\Bigcup \\$35 Filing Fee \Bigcup \Bigcup \\$43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment to

Articles of Incorporation of

TESTIFIRE MINISTRIES

N12000010192

(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:

	NA	
ame must be distinguishable and contain th	e word "corporation" or "incorporated" or the abbr	eviation "Corp." or '
Company" or "Co." may not be used in th	<u>e name</u> .	
Enter new principal office address, if a	pplicable:	
Principal office address MUST BE A STR	EET ADDRESS)	
		,
	V	
		·
Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
(Mailing dadress MAT BE A POST OF	FICE BUX)	
	.	
 If amending the registered agent and/o 	or registered office address in Florida, enter the na	me of the
 If amending the registered agent and/o new registered agent and/or the new re 		me of the
new registered agent and/or the new re		me of the
		me of the
new registered agent and/or the new re	egistered office address:	<u>me of the</u> - -
new registered agent and/or the new research Name of New Registered Agent:		me of the - -
new registered agent and/or the new re	egistered office address:	me of the - -
new registered agent and/or the new re Name of New Registered Agent:	egistered office address: (Florida street address) , Florida	-
new registered agent and/or the new research Name of New Registered Agent:	egistered office address:	-
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	egistered office address: (Florida street address) (City)	
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if char	(Florida street address) (Florida street address) (City) nging Registered Agent:	- - Zip Code)
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if char	egistered office address: (Florida street address) (City)	- - Zip Code)

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an
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 Fxecutive 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change	<u>VP</u>	Scott Gemeinhard	MICCO FC
Add Remove		, , ,	32976
2) Change	<u>18</u>	Kim Gemeinhardt	3877 13 Th S1
Add Remove			32976
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	N A
	1 4 1/1
	Ч

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	_
(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.	
Dated 10/21/13 Signature Ku' Calan	
(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)	
Kim Gemeinhardt	
(Typed or printed name of person signing)	
President	
(Title of person signing)	