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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: CHRIST EMBA	ASSY INTERN	ATIONA	L, I	NC.		
DOCUMENT NUMBER:	N.	12000011703					
The enclosed Articles of An	nendment and fee are subm	itted for filing.					
Please return all correspond	ence concerning this matter	to the following:					
	Burke L. Randa	a					
	(Name of Contact P	erson)				
	חניםער ז האוויי	N TN 70					
· · · · · · · · · · · · · · · · · · ·	<u>BURKE L. RANDA</u>	(Firm/Compan				· · · · · · · · · · · · · · · · · · ·	
		•	•				
	37 N Orange A		e 500				
		(Address)					
	Orlando, FL	32801					
· · · · · · · · · · · · · · · · · · ·		City/ State and Zip	Code)				
····	drtonybenedi -mail address: (to be used f						
• 1	y-man address; (to be used i	or ruture annual re	рон понис	ацоп)			
For further information cond	cerning this matter, please co	all:					
Burke Randa		at	407	365-	4300		
	(Name of Contact Person)		(Area Coo	de) (Daytime Tel	ephone Num	ber)
Enclosed is a check for the f	following amount made pay	able to the Florida	Department	t of Sta	te:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	1\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is C(ertifica ertified	nal Copy is		
Mailing A	Address	St	reet Addre	ess			

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

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

Articles of Amendment to Articles of Incorporation of

CHRIST EMBASSY I	NTERNATIONAL, INC.	
(Name of Corporation as c	urrently filed with the Florida	Dept. of State)
N12000	0011703	
	Number of Corporation (if knowr	1)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Pro</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
AMAZING GRACE MIN	NISTRIES/CHURCH, IN	IC. The new
name must be distinguishable and contain the word "co	rporation" or "incorporated" or	
"Company" or "Co," may not be used in the name.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
		₹S →
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	SSE
		ma 🕦 🔁 🗗
		<u> </u>
D. If amending the registered agent and/or registere	d office address in Florida, ente	or the name of the
new registered agent and/or the new registered of		the mane of the
Name of New Registered Agent:		
	(Florida	street address)
New Registered Office Address:	(
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	itered Agent: am familiar with and accept the i	oblivations of the position
- man and a superior	your and the total firm to	The political of the political.
	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	1	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)		<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove					19 APR -5 AM SEGRETARY OF TALLAHASSER. F
2) Change					AMIL: 24 OF STALE FLORIDA
Add					DR COA
Remove	1				
3) Change	!			*··· F	
Remove	į				
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Add	ı				
5) Change					
Remove					
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(attach ad	ing or adding addition ditional sheets, if neces	sary). (Be specifi	ic)			
						
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Page 3 of 4

The date of each amendment(s) a ate this document was signed.	doption:	, if other than the
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
lote: If the date inserted in this bocument's effective date on the E	lock does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the a val.	mendment(s)
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were
Dated	3/27/19	
Signature	ong Benedict	
(By the change that the have not be	irman of vice chairman of the board, president or other officer een selected, by an incorporator – if in the hands of a receiver, t appointed fiduciary by that fiduciary)	
	Tony Benedict	
	(Typed or printed name of person signing)	
		15 SE
	Chairman	CRE CRE
	(Title of person signing)	ASSET
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		AHIH 24 OF STATE OF LORIDA
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