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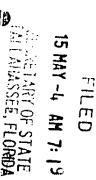
(F	Requestor's Name)			
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: MIRACLE WO	orkers Outrea	ach Ministries Inc.
DOCUMENT NUMBER: N12000011	847	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Eric Lyons		
	(Name of Contact Person	1)
Miracle Workers Outread	ch Ministrie:	s Inc.
	(Firm/ Company)	
10800 S.W. 218 St.		
	(Address)	
Goulds, Fl. 33170		
	(City/ State and Zip Cod	e)
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Eric Lyons	_{at (} 305	905-1311
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

Miracle Workers Outreach Ministries Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N12000011847 (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: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby 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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			Physical Control of the Control of t
Add			
Remove			
3) Change	*****		
Add			
Remove			444×44,
4) Change			7.144
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			·
Remove			

(attach additional she	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)				
Article VIII	Upon Dissolution				
Upon dissolution all remaining assets will go to charities permissible under the requirements for IRS 501c3.					
·					

	e this document was signed.	_, it other than the			
Eff	ective date if applicable:	_			
	(no more than 90 days after amendment file date)				
Ado	option 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 4-30 - ZO15				
	Signature Eru your	_			
	(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)				
	Eric Lyons				
	(Typed or printed name of person signing)				
	Pastor/Founder				
	(Title of person signing)				