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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOUNTAIN OF FIRE AND MIRACLES MINISTRIES, ORLANDO	[NC·
document number: <u>N14.00006962</u>	_
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
PASTOR SAMUEL A. OMOIGBERANT (Name of Contact Person)	_
MOUNTAIN OF FIRE AND MIRACES MINISTRIES, ORLAND (Firm/ Company)	_
7200 LAKE ELLENGR DRIVE ORLANDO, FL SIVIE 100	
ORLANDO, FL 32809 (City/ State and Zip Code)	_
MFMORIANIO (Q YOLOO. COM E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
PASIOR SAMUEL OMOIGBERAE at 407 - 751 - 8237 (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 □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	

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

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

Articles of Amendment to Articles of Incorporation

to Articles of Incorporation
MOUNTAIN OF FIRE MIRACLES MINISTRIES ORLANDO INC. (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State) N14 80006962
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new 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: 7200 LAKE ELLENOR DRIVE (Principal office address MUST BE A STREET ADDRESS) SIUTE 100.
ORLANDO, FL 32809
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 7200 LAKE FLLENOR DRIVE SUTIFIOO
ORLANDO FL 32809
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: 1000 HWODE
New Registered Office Address:
7200 LAKE ELLENOR DRIVE Florida 32809 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familief with and accept the obligations of the position.
Siffering of Many 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: XChange X Remove X Add	$\underline{V} = \underline{Mik}$	<u>i Doc</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) <u>— Change</u> — Add	77	DANIEL K. OLUKOYA DR	7200 LAKE ELLEWORDR SLUTE LOD. ORLANDO
Remove			FL 32809
2) V Change	7	PASTOR ADE ADETAYO	7200 LAKE ELLEWORDR
Add			BRLANDO FL 32809
3) <u>L</u> Change	D	PARTOR SAMUEL UMOIGBERAE	7200 LAKE GLENOR DR
Add Remove			ORLANDO, FL 32809
4) <u>V</u> Change	<u>S</u>	Tour Awode	7200 LANE FILENDA DR
Add			Suña 100
Remove	_	0	ORLANDO, EL 32809
5) Change		PEZU THOMAS	7200 LANE ELLENOR DR
Add			Swife 100 ORLANDO, FL 32809
6) Change			
Add			
Remove			

	nal sheets, if n	ecessary).	tBe specifi	9				
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	e date of each amendment(s) adoption;	, if other than the
	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
<u>Not</u> doc	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	: listed as the
Ade	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
Ø	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 <u>e5-07-2018</u>	
	Signature (By the chairman or the 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)	
	PASTER SHYTHEL A. CIMCICHSEKAG (Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	