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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Wester Hoya C	thurst of God in Christ INC.	
DOCUMENT NUMBER: N 14 0000 94	183	
The enclosed Articles of Amendment and fee are submitted for filir		
Please return all correspondence concerning this matter to the follow	wing:	
Jee (alson, TY.	_	
(Name of Co	ntact Person)	
(Firm/ C	ompany)	
9445 old Lluyd Rd: 10:B0351		
(Add	ress)	
9445 old Lluyd Rd. Ra: Box 351 (Add ) 1542-, FL 32337 (City/ State a		
(City/ State a	nd Zip Code)	
E-mail address: (to be used for future an	nual report notification)	
For further information concerning this matter, please call:		
· · · · · · · · · · · · · · · · · · ·		
	atat(Area Code) (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the F	Florida Department of State:	
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee		
Certificate of Status Certified C (Additiona enclosed)		
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section	
P.O. Rox 6327	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Greater Word Change	hat god in C	LV.ST INC.
(Name of Corporation as currently filed with the		
MILLAmmalesz		
(Docume	ent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab		
(Principal office address MUST BE A STREET AL	IUKESS )	
		<del>· · ·</del>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
D. If amending the registered agent and/or regist new registered agent and/or the new registered		nter the name of the
	Constant between the	
Name of New Registered Agent:		<del> </del>
_	<del></del>	
New Registered Office Address:	(Flori	ida street address)
in meganice office marcia.		
-	(City)	Florida
	(Ciiy)	(Zip Code)
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	I am familiar with and accept th	e obligations of the position.
	Signature of New Registers	ed 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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Berverly Swigne	
Remove  2) Change Add	SD	Crystal Porks	908 Soldle Creck Run Tallahassec, FL 32301
Remove 3) Change Add Remove	<u> N</u>	Exster E. Riley	7673 LonnBlow RA Tallamisse, FL 32308
4)ChangeAdd	P	JOE COLSON, JY.	16874 CAPITOLA Rd. Talahassen, A 72317
Shange Add	<u>s</u> _	Willie Lelynd HAII	4/032 Old Magholia Pol Tallahussee, FL 32309
Remove 6) Change Add	T	Earlene Tucker	835 Sharly Ln.
Remove  E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
-		· -	

		<del></del>
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		<del></del>
The date of each amendment(s) adopti date this document was signed.	on:	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

.

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 67.11-2023
Signature Dec College, )
(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)
Toe Colson, 5%. (Typed or printed name of person signing)
(Title of person signing)