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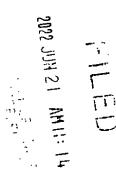
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A. RAMSEY OCT 2 5 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LIVING The Powerfull Word of God Ministries, IN
DOCUMENT NUMBER: N14 0000 10 726
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pastor YVONNIE Smith (Name of Contact Person)
Living The Powerful Word of God Ministries, INC. (Firm/Company)
1441 Florida St. (Address)
Daytona Beach, 71. 32114 (City/ State and Zip Code)
y SSmith 1 e acl. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PC-Stoe YVONNIE SMITH at 386 295-5205 (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 & ☐ \$43.75 Filing Fee & ☐ Certificate of Status
Mailing Address Street Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation

FILED

	of and the lite
LIVING The POWERful Word of	God Ministries, INC.
(Name of Corporation as currently filed with the Florida l	Dept. of State)
A124 000 74 0 77 3 (	4.461
N14000010726	er of Corporation (if known)
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
<u> </u>	$T_{\Lambda}$
nama must be distinguishable and contain the word "corpora	The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	non or incorporated or the appreviation Corp. or the.
	/1
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	\ <i>N/H</i>
(Trincipal office address MOST BE A STREET ADDRESS	' N/A
	2/1
C. Enter new mailing address, if applicable:	. 10
(Mailing address MAY BE A POST OFFICE BOX)	<i>N/H</i>
	N/A
	N/H
D. If amending the registered agent and/or registered office	re address in Florida, enter the name of the
new registered agent and/or the new registered office a	
N CN D I LA	
Name of New Registered Agent:	/ · //
	N/A
New Registered Office Address:	(Florida street address)
New Hegister ou Office Hutte Cast.	. /•
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am far	niliar with and accept the obligations of the position.
	/ .
	<i>N/A</i>
Si	gnature 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 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 A Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		Pia Smith	4007 Gables Way NE ATLANTA, Ga 30329
2) Change Add		Xavier Williams	4007 Gables WayNE ATLANTA, Ga 30329
X   Remove	<del></del>		
4) Change Add			
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or add		Articles, enter change(s) here: y). (Be specific)	
<del></del>			

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The date of each amendment(s) adoption:date this document was signed.	JUNE 15,	2022	, if other than the
Effective date <u>if applicable</u> :			
(no more	than 90 days after amendn	ient file date)	
Note: If the date inserted in this block does not med document's effective date on the Department of States	et the applicable statutory f		is date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of 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 JUNE 15, 2022		
(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)		
YVONNIE SMITH  (Typed or printed name of person signing)		
Director Founder (Title of person signing)		