## NI5000001831

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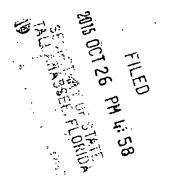
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

N15000001921	
N15000001831  DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SAMUEL MUKASA	
(Name of Contact Person)	
EXPERIENCE CHURCH INTERNATIONAL. INC.	
(Firm/ Company)	
620 NW 189 TERRACE	
(Address)	
MIAMI GARDENS, FL 33169	
(City/ State and Zip Code)	
EXPERIENCECHURCHMIAMI@GMAIL.COM	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
Samuel Mukasa 305	301-9215
(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:
Certificate of Status Certified Copy Certificate of Status Certified Copy is Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)	50 Filing Fee ificate of Status ified Copy litional Copy is losed)

**Mailing Address** 

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

**Street Address** 

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

## Articles of Amendment to Articles of Incorporation of

FILED

	of 7 "	FILLS
EXPERIENCE CHURCH INTERNATIONAL, INC.		ect 26 PM 4: 58
(Name of Corporation as curren	tly filed with the Florida Dep	t. of State
EXPERIENCE CHURCH INTERNATIONAL, INC.  (Name of Corporation as current N15000001831		SE FLORI
	er of Corporation (if known)	TAL
Pursuant to the provisions of section 617,1006. Florida Statute unendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	_,
name must be distinguishable and contain the word "corporate	dan " Oba anno mata I" on the	The new
name must be aistinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	non or incorporatea or the	abbreviation Corp. or the.
<del></del>	N/A	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address MUST BE A STREET ADDRESS)		
Principal Office dadress MUST BE A STREET ADDRESS		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O, BOX 640643	
	MIAMI, FL 33162	
D. If amending the registered agent and/or registered office	ce address in Florida, enter th	e name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent: N/A		
	(Florida stree	ot address)
New Registered Office Address:	ir tortati siret	i duaressy
		274 1.1
	(City)	, Florida (Zip Code)
	(01,1)	(Zip Cone)
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am far	niliar with and accept the oblig	gations of the position.
S	ionature of New Registered Age	ent 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	<u>V</u> <u>Mil</u>	n Doc se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	T	Marilyn Lightbourne-Oshodi	14301 S. BISCAYNE RIVE DR
X Add			MIAMI, FL 33161
Remove			
2) X Change	VS	Ebonie M. Mukasa	620 NW 189 TERRACE
Add			MIAMI, FL 33169
Remove			
3) Change			
Add			
Remove			
4) Change		<del> </del>	-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		-
Remove			

Af amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
Ň/A	

	OCTOBER 20TH, 2015	
The date of each amendment(s	) adoption:	, if other than the
late this document was signed.  Number of the control of the contr	N/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) royal.	
There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated OCTOE	BER 20 <del>th, 2015</del>	
Signature		_
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
SAM	IUEL MUKASA	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	