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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BOIO W	Domen of ZION OUTREACH MILLISMY IN
DOCUMENT NUMBER: 150000	>3904
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Denise H.	Hughis (Name of Contact Person)
	N OF ZION DUTLEACH MILISTRY INC
1627 16 1 LAWE	(Address)
GlenAcles (FL 33463 (City/ State and Zip Code)
	io Com
For further information concerning this matter, please	e call:
Denise K. Harrys _	at <u>954-226-1704</u> (Area Code) (Daytime Telephone Number)
(Name of Contact Person Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address 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 of

Bld Women of ZTOD OUTRING MAISTY INC
(Name of Corporation as currently filed with the Florida Dept. of State)
N 15 10000 3904
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the follow amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The n
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 <u>MUST BE A STREET ADDRESS</u>)
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: Denise K. Harrs
1177 16# 10115
(Florida street address) 1
New Registered Office Address:
6-2 cen ReRes , Florida 3346 3.
(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.
Lensi 18 Haike
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 Doe V Mike Jones SV Sally Smith		
Type of Action (Check One)	<u>Title</u> Na	<u>ame</u>	<u>Addres</u> s
1) X Change Add	D De	nise M. Haeris	1627 16th LAYE Gain Arm FL 33463
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
	ng additional Articles ets, if necessary). (B	s, enter change(s) here: Be specific)	
			don. There is a
change in m	ine Denke	is listed as Durce K. Harris is listed	as Diectar

The date of each amendment(s) adoption:date this document was signed. Effective date if applicable:	, if other than the
	no alba and and
	
	

Adoption 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.

7	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
	Signature Civi () , Winni		
	(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)		
	(Typed or printed name of person signing)		
	Diarrice		
	(Title of person signing)		