## 1160003110

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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## COVER LETTER

The enclosed Articles of Amendment and fee are submitted for filting.  Clease return all correspondence concerning this matter to the following:    Harmy   Wash     (Name of Contact Person)   Contact Person     Contact Per	NAME OF CORPORATION: Many Department Section  Division of Corporations  Many Department Section  Division of Corporations  Many Department Section  Living Sod, 7  Many Department Section  Living Sod, 7
the enclosed Articles of Amendment and fee are submitted for filing.  The sease return all correspondence concerning this matter to the following:    Kathy M. Wrecht (Name of Contact Person)	NAME OF CORPORATION: MINISTER DANGE OF CORPORATION: MINISTER AND
The description of the following this matter to the following:    Contact Person	DOCUMENT NUMBER:
(Name of Contact Person)  For John S. Horse of Church of the Living Food, 7RC, Inc. (Gran/Company)  113 Westwood Drive  (Address)  Tal. 7H 32364  (City State and Zip Code)  Gentler information concerning this matter, please call:  Half Westwood Drive  (Area Code)  (Daytime Telephone Number)  Inclosed is a check for the following amount made payable to the Florida Department of State:  (Additional copy is Certificate of Status (Additional Copy is Certificate Opy is (Additional Copy is Certified Copy is (Additional Copy is Certified Copy is Certified Copy is (Additional Copy is Certified Copy is Certified Copy is (Additional Copy is Certified Copy is Cer	The enclosed Articles of Amendment and fee are submitted for filing.
For further information concerning this matter, please call:    Address   Acres   Acre	Please return all correspondence confirming this matter to the following:
For further information concerning this matter, please call:    Address   Acres   Acre	Kathy M. Wright
(City State and Zip Code)  Cod Shouse of Progress 3 & Yohor. (Maine of Contact Person)  Inclosed is a check for the following amount made payable to the Florida Department of State:  (Additional copy is enclosed)  (Additional Copy is enclosed)	
For further information concerning this matter, please call:    A	113 Westwood Drive
For further information concerning this matter, please call:    A	(Address)
For further information concerning this matter, please call:	Taul, 7L 32304 (City/State and Zip Code)
inclosed is a check for the following amount made payable to the Florida Department of State:    State	Gods house of Prayer 3 @ yoho. Com II-mail address: (to be used for future affinal report notitication)
Inclosed is a check for the following amount made payable to the Florida Department of State:    S43.75 Filing Fee   S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee   Certificate of Status   Certified Copy   Certificate of Status   (Additional copy is   Certified Copy   Certifi	For further information concerning this matter, please call:
Inclosed is a check for the following amount made payable to the Florida Department of State:    S43.75 Filing Fee   S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee   Certificate of Status   Certified Copy   Certificate of Status   (Additional copy is   Certified Copy   Certifi	Kathy Wright at 850 345-2018
Certificate of Status  Certificate of Status  Cadditional copy is enclosed)  Calciling Fee & Cartificate of Status  Cadditional Copy is (Additional Copy is enclosed)  Cadditional Copy is (Additional Copy is cartified Copy is (Additional Copy is cartified Copy is (Additional Copy is cartified Copy is	J (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is	Enclosed is a check for the following amount made payable to the Florida Department of State:
	Certificate of Status  (Additional copy is Certified Copy enclosed)  Certificate of Status Certified Copy (Additional Copy is

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

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

Articles of Amendment

to
Articles of Incorporation

FILED

Dod's House of Prayer	Church of the	Leving Lot 7 7 Inc	· -
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	TALL SECTION OF STATE	
N12000003110		MELMINOSEE, FLORI	
	umber of Corporation (if known)		
·	•	·	
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Prof	it Corporation adopts the following	
	~i	-Outreach Ministrie	
A. If rmending name, enter the new name of the corp	oration:	-OUreach / I unistrie	<u>۔</u>
New Beginning Chris	stian Center,	The new	
name must be distinguishable and contain the word "cor	poration" or "incorporated" of t	he abbreviation "Corp." or "Inc."	
"Company" or "Co," way not be used in the name.			
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR.</u>	<u>ESS</u> )		
	<del></del>		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		·	
		·	
	<del></del>	······································	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		the name of the	
new registered agent and/or the new registered on	ice address.		
Name of New Registered Agent:			
New Registered Office Address:	(Florida se	reet uddress)	
AFIT REGISTETED OFFICE ARTHUSS.			
	(City)	, Florida	
	(CIIy)	(Zip Code)	
New Registered Agent's Signature, if changing Regist			
I hereby accept the appointment as registered agent. I a	im familiar with and accept the of	oligations of the position.	
	Signature of New Registered A	vent, it 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	V	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addreş</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove 5) Change Add	<del></del>		
Remove 6) Change Add			
E. If amending or additional sheet	ng additio ets. if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
	-		

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$\sim 1.1$	
The date of each amendment(s) adoption: 2/16/2022	, if other than the
ate this document was signed.	
The date of each amendment(s) adoption: 5/16/2022  ate this document was signed.  5/16/2022  ffective date if applicable: 5/16/2022  (no more than 40 days after amendment file date)	<del></del>
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	of be listed as the

tument's effective date on the Department of State's records.

option 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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
5/16/2022
Signature Signature
(B) 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)
Kathy M. Wnight
(Typed or printed name of person signing)
Castor
(Title of person signing)

: