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MAY 19 2017 R. WHITE

COVER LETTER

TO: Amendment Section
' Division of Corporations

NAME OF CORPORATION: New Peniel Baptist Church Inc					
DOCUMENT NUMBER: N1700000 4463					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
STENIO MARC (Name of Contact Person)					
(Firm/ Company)					
4436 INVERRARY Blud					
(Address) LAUNERHILL, FL 333 19 (City/ State and Zip Lode)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CLAUDIA DUPERVIL at (954) 655-1164 (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					
Mailing Address Street Address					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new 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 MUST BE A STREET ADDRESS) 4436 INVERRARY Blvd
(Principal office address MUST BE A STREET ADDRESS) 4436 INVERRARY Blud LAUDERHILL, FL 33319
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
4436 INVERRARY Blud
LAUDERHILL, FL 33319
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:
New Registered Office Address: 4436 INVERRARY Blund. (Florida street address)
LAUDERHILL, Florida 33319 (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.
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 Do V Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add Remove	C/T	HERMANNA FERTILE	5923 Manchester wa Tamarac, FL 3332
2) Change Add			
Remove 3) Change Add			
Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change			
Add			

f amending or adding additional Arti attach additional sheets, if necessary).	(ве хресціс)
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	date of each amendment(s) add	ption:	, if other than the
late	this document was signed.		
Effe	ective date if applicable:		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blocument's effective date on the Dep	k does not meet the applicable statutory filing requirement artment of State's records.	ats, this date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the	e amendment(s)
Ø	There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendments.	ot(s) was/were
	Dated Q5	/10/2017	
	Signature	J Horr	
		nan or vice chairman of the board, president or other office	
		n selected, by an incorporator – if in the hands of a receive	er, trustee, or
	onier court a	opointed fiduciary by that fiduciary)	
		IENIO MARC	
		(Typed or printed name of person signing)	
		<i>'</i>	
		Sresident	
		(Title of person signing)	