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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 1 VEZSUVES IN	Tars Of Clay Mir	ی ر
DOCUMENT NUMBER: NOCOCO DIELO		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		7
(Name of Contact	1355EIU	
Treasures In Javs (Firm/Comp	F Clay Ministry, Inc	A 2.6)
4408 Old Road 3	7	
Lakeland, Fl 338 (City/ State and Z	ip Code)	
P-mail address: (to be used for future annual		
For further information concerning this matter, please call:		
DEbovah Vasseyc (Name of Contact Person)	at 863 529-7745 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florid		
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing F Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status	
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	
	Ar	ticles of Incorporation	
Ireasi	wes In Jan	s OPC)=	u Ministry Inc
	(Name of Corporation as cu	rrently filed with the El	orida Dept. of State)
	N180000	002106	
		lumber of Corporation (if	known)
Pursuant to the provisio amendment(s) to its Art		atutes, this Florida Not I	For Profit Corporation adopts the following:
A. If amending name,	enter the new name of the corp	oration:	W.
	snable and contain the word "cornay not be used in the name.	poration" or "incorporat	The new ed" or the abbreviation "Corp." or "Inc."
	al office address, if applicable: ss MUST BE A STREET ADDRE	ESS)	
	<u>(address, if applicable:</u> IAY BE A POST OFFICE BOX)		
	gistered agent and/or registered nt and/or the new registered off		a, enter the name of the
<u>Name</u>	of New Registered Agent:		
<u>New</u>	Registered Office Address:		(Florida street address)
			. Florida
		(City)	(Zip Code)
	's Signature, if changing Registo ointment as registered agent. I a		pt the obligations of the position.
		Signature of New Reg	istered 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		<u>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	CIO	Shavon Gibbs	1502 Candyce Street Walkeland, +1 33815
2) Change Add	CIO	Arelious Bell	4923 WhiteOak Dr. E. Lakel and, Fl 33813
Remove 3) Change Add Remove	CAO	Asonja POETER	4430 Country Hills Blue Plant City F1 33563
4) Change Add Remove			
5) Change Add Remove	 -		
6) Change Add Remove			

E. If amending or adding addition (Artic) (enter change(s) here: (attach additional sheets, if neces ry). (e specific)
Adding Bylaws (attached)

	e date of each amendment(s) adoption: 8/10/2018, if other than the eithis document was signed.
eff	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Add	option of Amendment(s) (CHECK ONE)
ø	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.
	Dated 8/16/2018
	Signature Medovah Masser CEO
	(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)
	Deborah Vasser
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)