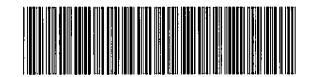
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| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | - |
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Office Use Only



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RECEIVED

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Greater 1 | Empower ment | Temply Internal |
|--|--|--|
| DOCUMENT NUMBER: <u>////////////////////////////////////</u> | 59 | Ministries, |
| The enclosed Articles of Amendment and fee are submitted | | |
| Please return all correspondence concerning this matter to | he following: | |
| Terry Frost | ne of Contact Person) | |
| Greater Empowerent | | |
| 843 Campbell St | (Address) | |
| Tallahassa, F1. | 32363 / State and Zip Code) | |
| E-mail address: (to be used for I | | |
| For further information concerning this matter, please call: | | |
| Name of Contact Person) | atat (Area Co | de) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable | | |
| (A | rtified Copy C dditional copy is C iclosed) (/ | 52.50 Filing Fee Pertificate of Status Pertified Copy Additional Copy is Enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Section |

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

| Greater Empower | tarm | Ter | pla | inter | nation | لک | ر يَمِدِ |
|--|------------------|--------------------|-------------------------|-------------------|------------------|----------------|-------------|
| (Name of Corporation as currently filed with the | : Florida Dep | ot, of State | <u>:</u>) [[] | • • • | | • - 1 · | |
| (Docume | nent Number o | of Corpora | tion (if kno | own) | | | |
| Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation: | rida Statutes, t | this <i>Florid</i> | la Not For | Profit Corpo | ration adopts th | ie follo | wing |
| A. If amending name, enter the new name of the | corporation | <u>ı:</u> | | | | | |
| | | | | | | | new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name. | | n" or "inc | orporated' | or the abbre | viation "Corp." | or "In | ic. '' |
| B. Enter new principal office address, if applicab | ble: 4 | 843 | Ccap | phall | 5+ | | |
| (Principal office address <u>MUST BE A STREET AL</u> | DDRESS) | Ta | | , | F1. 323 | 301 | |
| | • | | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | | | • • | vers. F1. | 10n). | _ | |
| D. If amending the registered agent and/or regist | | | Florida, e | enter the nan | ne of the | | |
| new registered agent and/or the new registere | ed office add | ress: | | | | | |
| Name of New Registered Agent: | | | | | | | |
| - | | | (Flor | nda street addres | (x) | | |
| New Registered Office Address: | | | | | | | |
| _ | | | | , | Florida | <u> </u> | |
| | 1 | (City) | | | (Zip Code) | , - 1 | |
| New Registered Agent's Signature, if changing Re | Registered Ag | ent: | | | 7 (555 | É | |
| I hereby accept the appointment as registered agent. | t. I am famili | iar with ai | id accept ti | he obligations | of the position. | l 6: 4 / | Paris L |
| | Signa | ature of No | w Register | ed Agent, if c | hanging | | |

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>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jo Sally Si | <u>ones</u> | |
|--|------------------------------------|--------------------------------|--|---------|
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change Add | | _ | | |
| Remove | | | | |
| 2) Change Add | | _ | | |
| Remove 3) Remove Add Remove | | - | | |
| 4) Change Add | | - | | |
| Remove | | | | |
| 5) Change Add | | _ | | |
| Remove | | | | |
| 6) Change Add | | - | | |
| Remove | | | | |
| E. If amending or addin (attach additional shee | | | cles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoptio date this document was signed. | n: | _, if other than the |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block document's effective date on the Department | es not meet the applicable statutory filing requirements, this date will not ent of State's records. | be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted was/were sufficient for approval. | by the members and the number of votes cast for the amendment(s) | |

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

Galacy

Signature

(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)

Terry

(Typed or printed name of person signing)