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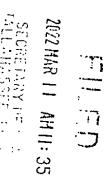
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Dan Johnson Ministries, Inc. 1/18000008337 DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) an Vohnson Ministries, Inc.
(Firm/ Company) Cedar Brook CY Jackson ville FL 32224
(City/State and Zin Code) Tohn Son ministries @ ginail. Con-For further information concerning this matter, please call: (Name of Contact Person) at $\frac{9493742600}{\text{(Area Code)}}$ (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of Dan Johnson Ministry Johnson Ministry Johnson State Articles of Incorporation of Corporation as currently filed with the Florida Dept. of State) N 18 00008337 (Document Number of Corporation (if known) Insulant to the provisions of section 617,1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new ame 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 Enter new principal office address if applicable: Principal office address MINT BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOS) 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 Agent and Cliffice Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent;		Articles of Amendment	See See
ame of Corporation as currently filed with the Florida Dept. of State) Social State			10 五
ame of Corporation as currently filed with the Florida Dept. of State) N 8 000 0 8 3 7 (Document Number of Corporation (if known) Issuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following known and provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following known and content the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation or "incorporated" or the abbreviation "Corp." or "Inc." ampany" or "Co." may not be used in the name. Enter new principal office address, if applicable: Inincipal office address MUST BE A STREET ADDRESS Enter new mailing address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address: City Ci	A		
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If amending the registered agent and/or registered office address: Name of New Registered Agent: New Registered Office Address:			
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New Registered Office Address: (City) Florida (Zip Code)			
(City) (Zip Code)	New Registered Office Address:	(Flo	rida street oddress)
		10171	
ew Registered Agent's Signature, if changing Registered Agent:		(City)	(Zip Code)

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 <math>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		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) _X Change Add	D/5	Lauren Main	2338 Matheson Dr. Jacksenville, F1 32246
Remove 2) Change Add	<u>D/s</u>	Bowen Stade	611 Ponte Vadra bakes Blue
Remove 3) Remove	 _		Ponte Vedra Beach, F2 3308
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ac	Iding additional A sheets, if necessary)	rticles, enter change(s) here: (Be specific)	

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 March 7, 2022 Signature Daniel I hol
(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)
President (Title of person signing)