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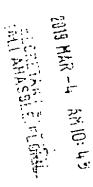
(Re	equestor's Name)		
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Wee Transfer

COVER LETTER

TO: Amendment Section
Division of Corporations

NO GREATER LOVE CHURCH INCORPORATED NAME OF CORPORATION:			100	
N19000001646 DOCUMENT NUMBER:				
				
The enclosed Articles of Amendment and fee are s	submitted for thing.			
Please return all correspondence concerning this n	natter to the following:			
GABY DELISME				
	(Name of Contact Person)			
	(Firm/ Company)			
P.O. BOX 295				
	(Address)			
RIVERVIEW, FL 33568				
	(City/ State and Zip Code)			
GABY_DELISME@ME.COM				
E-mail address: (to be u	ised for future annual report noti	ication)		
For further information concerning this matter, ple	ase call:			
GABY DELISME	850 at	321-5289		
(Name of Contact Per		Code) (Daytime Telephone Number)	_	
Enclosed is a check for the following amount made	e payable to the Florida Departm	ent of State:		
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		

Mailing Address

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 Articles of Incorporation of

NO GREATER LOVE CHURCH INCORPORATED		
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)
N19000001646		
(Document Nur	mber of Corporation (if know	vn) his
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For P	rofit Corporation adopts the following
A. If amending name, enter the new name of the corpor	atlon:	
NO GREATER LOVE BAPTIST CHURCH INCORPORA	ATED	The new
name must be distinguishable and contain the word "corportion of the contain the word "corportion of the contain the name."	ration" or "incorporated" o	
3. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(S</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 295	
· · · · · · · · · · · · · · · · · · ·	RIVERVIEW, FL 33568	3
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office N/A		ter the name of the
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
N/A		, Florida NA/
····	(Citv)	(Zip Code)

Page 1 of 4

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	<u>V</u> <u>M</u>	hn Doe ike Jones dly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	LARRY J. MOUTON SR.	P.O. BOX 295
Add			RIVERVIEW, FL 33568
Remove			
2) X Change	C	RUSSELL D. ROGERS	P.O. BOX 295
Add			RIVERVIEW, FL 33568
Remove	Т	MICHAEL J. RUSS	P.O. BOX 295
3) Change X Add			RIVERVIEW, FL 33568
Remove			
4) X Change	S	GABY DELISME	P.O. BOX 295
Add			RIVERVIEW, FL 33568
Remove			
5) Change	TR	ELAINE L. THOMPSON	P.O. BOX 295
X Add			RIVERVIEW, FL 33568
Remove			
6) Change	TR	CLARENCE H. BLACK	P.O. BOX 295
X Add	· 		RIVERVIEW, FL 33568
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
		·		
				
		· · · · · · · · · · · · · · · · · · ·		
				
	·····			
		· · · · · · · · · · · · · · · · · · ·		
			 	<u>.</u>

02/19/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
N/A	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	Il not be listed as the
Adoption 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.	
Dated Feb 26, 2019	
Signature Russell D. Roger	<u>.</u>
(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)	
Russell D. Rogers (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Chairman of Trustees (Title of person signing)	
(Title of person signing)	