## N20000001851

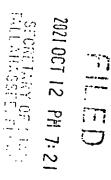
(Red	questor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to f	Filing Officer:
	10/18/21 21





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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	MinistryChurch, Inc				
N20000001851 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	submitted for filing				
Please return all correspondence concerni-	atter to the follow	ing:			
Marcus Wright, Sr.	•				
· · · · · · · · · · · · · · · · · · ·	(Name of Con	tact Person)	)		
	(Firm/ Co	mpany)			
P.O. Box 2366					
	(Addre	ess)			
Riverview, FL 33568					
	(City/ State and	d Zip Code	)		
o2barite@gmail.com					
E-mail address: (to b	e used for future annu	ual report n	otification	1)	
For further information concerning this matter,	please call:				
Marcus Wright Sr.		813 at		240-1916	
(Name of Contact F	Person)		a Code)	(Daytime Telephone Number	7)
Enclosed is a check for the following amount m	ade payable to the Fl	orida Depar	tment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	ce & □\$43.75 Filing catus Certified Co (Additional enclosed)	ру	Certifi Certifi	O Filing Fee icate of Status fed Copy tional Copy is used)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	nent Secti of Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Word of Truth Ministry Church, Inc

2021 OCT 12 PH 7: 22

Name of Corporation as currently filed with the Flor	rida Dept. of State)	TALLAHASSEE, EEE
N20000001851		ALEADADOLL, FEED
(Document )	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS )	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	o	
		<del></del>
D. If amending the registered agent and/or registered	d office address in Florida e	nter the name of the
new registered agent and/or the new registered of		nter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		
	(Flor	ida street address)
New Registered Office Address:	11 1071	ad sireer address;
		Plant du
	(City)	, Florida (Zip Code)
		• •
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It		a obligations of the position
nevery accept the appointment as registered agent. 10	ит затише жан ана ассере т	ac congutions of the position.
<del></del>	Signature of New Register	red Agent if changing
	Signature of fren Register	ew rigerii, ij enunging

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 Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	D	Davante Thompson	P.O. Box 2366 Riverview, FL 33568
× Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
	<u>.                                    </u>		•
	<del> </del>		

	<u>.</u>
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more man 20 days after amenament file date)	

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	October 6, 2021			
	Ì	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)			
	·	Marcus Wright, SR			
		(Typed or printed name of person signing)			
		President			
		(Title of person signing)			