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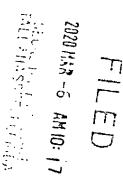
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DRIAL CHURCH, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
LaToya Johnson, President	
	(Name of Contact Person)
A.M. Cohen Temple/Cohen Memorial	
	(Firm/ Company)
1747 NW 3RD AVENUE	
	(Address)
M1AMI/F1. 33136	
	(City/ State and Zip Code)
Blessed5247@gmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
LaToya Johnson	at (305) 609-2569
(Name of Contact Per	
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Stat	& 🗆\$43.75 Filing Fee & □\$52.50 Filing Fee us Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

COHEN MEMORIAL CHURCH, INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)		
N20000001923	•		
(Document Numb	er of Corporation (if l	nown)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not F</i>	or Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporate COHEN MEMORIAL CHURCH OF GOD IN CHRIST, IN			The new
name must he distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporate	d" or the abbreviation "Corp." o	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		2:00 T (0	2020
C. Entan nom mulling address if and limbter		, a sing.	= 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7, 7	<u></u>
ı			P [T
		 	
			
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Florida	, enter the name of the	_
new registered agent and/or the new registered office a	iugress:		
Name of New Registered Agent:			
New Registered Office Address:	(P	lorida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	and a state of the same	
I hereby accept the appointment as registered agent. I am fa	тиаг жип апа ассер	i ine obligations of the position.	
- ; ···· Si	ynature of New Regis	tered Avent, if changing	

(Attach additional sheet Please note the officer/officer/officer) P = President; V = Vice	s, if neces lirector tit President = Chief F	sary) le by the first lette : T= Treasurer: Sinancial Officer	 er of the office title; S= Secretary; D= Dir If an officer/direct		lirector being removed and title, name, tee; C = Chairman or Clerk; CE() = Chief tone title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remov	d in the fo aves the c e, and Sal	llowing manner. orporation, Sally ly Smith, SV as a	Currently John Doe I Smith is named the V n Add	s listed as the PS and S. These sho	T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe	1		
Type of Action (Check One)	<u>Title</u>	<u>N</u> ame	!		Address
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Remove 2) Change Add				-	
Remove 3) Change Add Remove	<u> </u>				
4) Change Add					
Remove				_	
5) Change Add		·			
Remove 6) Change				_	
Add Remove					
E. If amending or adding (attach additional sheet	z addition s, if neces	nal Articles, ente sary). (Be spec	r change(s) here:	_	
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The date of each amendment(s) adoption date this document was signed.	on:	if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Department.	ses not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	d 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 3-4-2020				
Signature Habala Cale See				
(By the chairman of 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)				
Latoya Johnson				
(Typed or printed name of person signing)				
President				

(Title of person signing)