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(Reque	estor's Name)	
(Addre	ss)	
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2021 JUL -9 AM 5: 29

COVER LETTER

TO: Amendment Section Division of Corporations

Trei William	ns Ministries INC
N20000007360	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Trei Williams	
	(Name of Contact Person)
Trei Williams Ministries INC	
	(Firm/ Company)
508 Winthrop Place	
	(Address)
Haines City, FL, 33844	
	(City/ State and Zip Code)
Treiwilliamsministriesine@yahoo.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Trei Williams	863 287-4156 at
(Name of Contact	·
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fce & Status Certified Copy Certificate of Status (Additional copy is cnclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 JUL -9 AH 5: 29

SECRETARY OF TALL APPROVED.

Trei Williams Ministries INC

Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N20000007360		
(Document	Number of Corporation (i	rknown)
Pursuant to the provisions of section 617.1006, Florida amendment(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 co	rporation:	
	NIA	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD		
Timelpur office dudiess <u>incost bis it bit nous inco</u>	 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<i>x</i>)	
		
D. If amending the registered agent and/or register	ed affice address in Flori	la, enter the name of the
new registered agent and/or the new registered of		L O
Name of New Registered Agent:		NIH
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		pt the obligations of the position.
	Signature of New Reg	istered 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	PT John D V Mike John S SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add		NIA	
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 additional sheet		ticles, enter change(s) here: (Be specific)	
New Article to be added	to incoporations	····	
Upon the dissolution of t	his organization,	assets shall be distributed for one or	
more exempt purposes w	ithin the meaning	of section 501(c)(3) of the Internal Revenue C	Code,
or corresponding section	of any future fede	eral tax code, or shall be distributed to the fede	ral
government or to a state	or local governm	ent, for public purpose.	

The organization is organized exclusively fo	charitable, religious, educational, and scientific p	ourposes
under section 5019(c)(3) of the Internal Rev	nue Code, or corresponding sections of any future	e tax code.
	· · · · · · · · · · · · · · · · · · ·	
The date of each amendment(s) adoption: date this document was signed.	7/5/2021	, if other than the
Effective date if applicable: 7/5/2021		
(n	more than 90 days after amendment file date)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
Dated	7/5/2021
Dated	
Signatur	: 15ter Williams
	(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)
	Trei Williams
	(Typed or printed name of person signing)
	President
	(Title of person signing)