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COVER LETTER

TO: Amendment Section Division of Corporations

SEED OF GOD ME	NISTRY INC		
N20000009468 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn			
·	_		
Please return all correspondence concerning this matte	r to the following:		
	Alessandra Melao		
	(Name of Contact Pe	rson)	
SEED OF GOS N	MINISTRY INC		
	(Firm/ Company)	
6112 Silver Star	Rd		
	(Address)		
Orlando, FL 32	808		
	(City/ State and Zip C	Tode)	
smeira7@yahoo.	com		
E-mail address: (to be used	for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
Alessandra Melao	at	407	285-1124
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida I	Department of	State:
S35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Address		eet Address	
Amendment Section Division of Corporations		endment Secti	
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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

SEED OF GOD MINISTRY INC

Name of Corporation as currently filed with the Flori	da Dept. of State)	
N20000009468		
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "C	orp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address MUST <u>BE</u> A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered		
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		27
	<u> </u>	
New Registered Office Address:	(Florida street address) = = -	
The Register of the Film Elli.	in the second se	9
	, Florida <u>=</u> (City) (Zip Co	de)
N. B		 დ
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		$\frac{1}{\omega}$ Sition.
	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	PT V John Do Mike Jo SV SV Sally Sr	nes	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change Add	AMBR	Alessandra Melao	6112 Silver Star Rd Orlando, FL 32808
× Remove			·
2) Change Add	<u>p</u>	Alessandra Melao	6112 Silver Star Rd Orlando, FL 32808
x Remove 3) Change Add Remove	<u>AMBR</u>	Jose C Santos	6112 Silver Star Rd Orlando, FL 32808
4) Change Add	<u>VP</u>	Jose C Santos	6112 Silver Star Rd Orlando, FL 32808
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	icles, enter change(s) here: (Be specific)	
, 			
			
		<u> </u>	

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	·	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east for the amal.	endment(s)

Æ	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Signature landra las
	(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) ALESSANDRA ELIKA MERGULHAD MELAD.
	(Typed or printed name of person signing)
	(1) product faithe of person signing)
	President
	(Title of person signing)