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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>MOABS</u> A	MINISTRIES INC
DOCUMENT NUMBER: <u>NQ 00000133</u>	08
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matte	er to the following:
Emmar	TUEL Sagon
	(Name of Contact Person)
	PAGS MINISTRIES INC (Firm/ Company)
	(com a support
505 MJ	177th St 40+203 Miami. Fl. 33169
	(Address) Miami, FL 33169
Miani	(City/ State and Zip Code)
·	(City/ State and Zip Code)
E-mail address: (to be used	1 for future annual report notification)
For further information concerning this matter, please	call:
	(and (in range)
Emmanuel Sanan (Name of Contact Person	at (786) (613-5272) (Area Code) (Daytime Telephone Number)
,	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	✓S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐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	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

MOABS MINISTRIES INC. (Name of Corporation as currently filed with the Florids	a Dent. of State)		
·	,		
	nber of Corporation (if k	inown)	
Pursuant to the provisions of section 617.1006. Florida Stat amendment(s) to its Articles of Incorporation:	·		the following
A. If amending name, enter the new name of the corpor	ration:		
			The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation "Corp	o," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u> </u>		
C. Enter new mailing address, if applicable:			1.20 10.0
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			. ।
			— <u>।</u> ::- —:
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of the	-
Name of New Registered Agent:			
New Registered Office Address:	(F	Clorida street address)	
	(Cin)	, Florida (Zip Code)	
Non-Desirated Amousta Circustone (Calcusting Desirated	(City)	(24) Coue)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		t the obligations of the positio	on.
	Signature of New Regis.	tered 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 Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change X _ Add		Robert Baptiste	505 NW 1774 ST APT 203
Remove 2) Change Add		Emmanuel Sanon	Miami, FL 33169 505 NW 177th St AFT 203
Remove 3) Remove Add Remove	_S	Bernadette Zephirin	Miami, FL 33169 505 NW 177th St APT 202 Miami, FL 33169
4) Change x _ Add		Rosenie Lege	236 NE 1415+ ST Miami, FL 33161
Remove 5)ChangeAdd	<u>_\$</u>	Fernande Duclos	915 NW 153 th Miumi, FL 33164
Remove 6) Change Add			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
	· · · · · · · · · · · · · · · · · · ·		

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		 _
		<u> </u>
The date of each amendment(s) adoption date this document was signed.	on: <u>December 17, 2020</u>	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	bes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	pe 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 December 17, 2020	
Signature 4.8.44	
(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)	
Emmanuel Sanon	
(Typed or printed name of person signing)	
Vice President (Title of person signing)	