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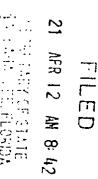
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MISSIONQVIES OF GOD'S LOW	16
DOCUMENT NUMBER: <u>N 2 00 000 3 9 4</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
The cholosed timeles of timenament and lee are sublimed for timing.	
Please return all correspondence concerning this matter to the following:	
PATEICIA MEDINA	
(Name of Contact Person)	
MISSIDNATIES OF GOO'S LOV	ت/
(Firm/ Company)	
14521 Golden Rain Tree BLU.	
(Address)	
OPLANDO, FL 32828 (City/ State and Zip Code)	
(City/ State and Zip Code)	
MARIANA SIRE OF GOOD ROOM ON COM	
MISSIONATIES OF GODE HOT MAIL. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
PATRICIA Medina at 407 791154 (Name of Contact Person) (Area Code) (Daytime Teleph	16
(Name of Contact Person) (Area Code) (Daytime Teleph	ione Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing Address Amendment Section Amendment Section	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Missionaries E	of GOD	15	10110	INC			
(Name of Corporation as currently filed with							
N	12100001	319	4				
(Do	ocument Number of	Corporatio	n (if known)				
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, thi	s Florida i	Not For Profit C	Corporation add	opts the	: follo	wing
A. If amending name, enter the new name o	f the corporation:						
	NIA	}				_The	new
name must be distinguishable and contain the v "Company" or "Co." may not be used in the n		or "incorp	oorated" or the o	ibbreviation "C	Corp."	or "Ii	пс. "
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	olicable: ET ADDRESS)		NA	· · · · · · · · · · · · · · · · · · ·			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			N/A				
D. If amending the registered agent and/or new registered agent and/or the new regi			lorida, enter the	name of the		21	
		<u>35:</u>	N 1 1/A-	•	_	APR	
Name of New Registered Age	ent:		10/1	:	<u></u>	2	
New Registered Office Addr	rens:	^	(Florida street)	address)	1	A¥ 8: 42	<u> </u>
		lity)		(Zip Ce	ode)	. •	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a			accept the oblige	ttions of the po	sition.		
		Λ]				
	Signatu	ire of New	Registered Agen	t, 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.

mike Jones, F as Kemor	e, una sany simi	n, 57 us un muu.		
Example: X Change X Remove X Add		<u>Doe</u> Jones <u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change Add	VP	PATRICIA M	Meoina 14521 Edoen RAIN ORLANDO, FL 32825	Ī
🙎 Remove			<u> </u>	
2) Change Add				ว .
Remove Change Add Remove	<u>VP</u>	RAULE RODRIS	14521 GOLDEN RAIN TREE BOUEZ ORIPADO, PR 32828.	¥
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add	 			
Remove				
E. If amending or add (attach additional she		rticles, enter change(s) here: . (Be specific)		

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: 04/05/202\ (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 04/05/202/ Signature Latitudes Vicolino
Signature <u>LANGER</u> V <u>JCOUNO</u> (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)
TATRICIA MEDINA (Typed or printed name of person signing)
Vice PRESIDENT VP. (Title of person signing)