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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Jesus Christ Chief Cornestone Living Stong of	church
DOCUMENT NUMBER: <u>N. 2. 1000 y 3567</u>	A.a.Shric
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Samuel L. Sm. +h (Name of Contact Person)	
(Name of Contact Person)	
Jesus Christ Chief Cornerstone Living Stones Church of God Ministries, (Firm/Company)	, Inc.
4804 EL-Nueva Avenue (Address)	
FOIT Pierce, Fl 34946 (City/ State and Zip Code)	7623 FAY
E-mail address: (to be used for future annual report notification)	26
For further information concerning this matter, please call:	AM 9:
Shirley A. Snith (Name of Contact Person) at (177) (Area Code) (Daytime Telephone Number)	9: 19
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	

Mailing Address

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

Street Address

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

Jesus Christ Chief Cornerstone Livi	ng Stones Church of E	rod Mash	u, Inc	_
N 2 10000 13567 (Document Numb	per of Corporation (if known)			
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corpo	o ration adopts t	he followi	ing
A. If amending name, enter the new name of the corporat			The ne	21.17
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbro	eviation "Corp.	" or "Inc.	••
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>, n/a</u>			_
C. Enter new mailing address, if applicable:				_
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	n/A			_
				
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		ne of the	4 098	2023
Name of New Registered Agent:	A/A			HAY 2
New Registered Office Address:	(Florida street addre	··ss)		6 AH 9
	(City)	, Florida (Zip Code)	TAN THE	9: [9
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		s of the position	١.	
	gnature of New Registered Agent, if	changing		_

If amending the Officers and/or Directors	, enter the title and name of each officer/direc	ctor being removed and title, name
and address of each Officer and/or Directo	or 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 Join D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		1/A	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			ECORLINEAL TAXABLE
4) Change Add			9
Remove			9: 19
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sho		ticles, enter change(s) here:	

The Said Organization is organized exclusively for Charitable, religious, educational, and Scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section SUNCLB) of the Internal Revenue Code, or corresponding sect of any future federal two code.

. Upon the clissolution of the organization, assets shall	be distributed for
UNCORMOVE. Exempt OH/NOSCS Within the Meaning of US	(Chin 501 (C)(3)
. It the Internal Revenue Code or corresponding Section	on of one feture
Gederal tox code, or Shall be distributed to the feder	al government is
to a state or local government, for a public purpo	ΓC
	<u> </u>
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	5
	: 19 FATE
	121
m 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	
The date of each amendment(s) adoption: 5/15/63 date this document was signed.	, if other than the
Enterire date in applicable.	
(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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment	nent(s)
Was/were sufficient for approval.	• •

Dated May 15, 2023

Signature Shuly Intt

(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)

Shirly.

(Typed or printed name of person signing)

(Title of person signing)

SECRETALL OF STATE