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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: TRUÉ MORD INTERNATIONAL MINISTÈRES INC.
DOCUMENT NUMBER: N 16 00 000 77 24
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COURTNEY WILLIAMS
(Name of Contact Person)
COURTNEY WILLIAMS (Name of Contact Person) TRUE WORD FNTERNATIONAL MINISTERES INC. (Firm/ Company)
2118 ARDEN FOREST PC. (Address)
(Address)
FLEMING ISLAND FL. 32003 (City/State and Zip Code)
(City/ State and Zip Code)
FCC-Williams 75 & GMAILCOM E-mail address: (to be used for future annual report notification)
FCC-Williams 75 & Gnall-Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Courtney Williams (Name of Contact Person) at 904 933 000 Z (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

TRUE WORD INTERNATIONAL MINISTIRES INC. (Name of Corporation as currently filed with the Florida Dept. of State)			
NAU 000003434			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	following		
A. If amending name, enter the new name of the corporation:			
TRUE WORD INTERNATIONAL MINISTRIES INC. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." o	_The new		
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." o "Company" or "Co." may not be used in the name.	r "Inc."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY OF TALLAMASSE	2024 APR 24 AM 11:	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		11: 12	••
Name of New Registered Agent:			
(Florida street address) New Registered Office Address:			
, Florida			
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti	icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoptic date this document was signed.	on:			, if other than the
Effective date if applicable:	(no more than 90 days		<u> </u>	
	(no more than 90 days	s after amendment fil	e date)	
Note: If the date inserted in this block do document's effective date on the Department.	pes not meet the application nent of State's records.	ble statutory filing re	equirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and t	he number of votes of	east for the amendment(s)	

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Ø	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 04/24/2024
	Signature
-	(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)
	COURTNGY WILCIAMS (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)