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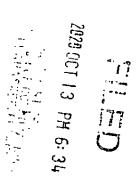




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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: GRANT CHAP	PEL A.M.E. CHURCH INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
BART A. CUNNINGHAM	
	(Name of Contact Person)
GRANT CHAPEL A.M.E. CHURCH INC.	
	(Firm/ Company)
1616 S. DOUGLAS ST.	
	(Address)
LAKE WORTH, FL 33460	
	(City/ State and Zip Code)
ABCUNNINGHAM309@GMAIL.COM	
	used for future annual report notification)
For further information concerning this matter, pl	ease call:
BART A. CUNNINGHAM	561-662-9113
(Name of Contact Pe	
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
■ \$35 Filing Fee	& S43.75 Filing Fee & S52.50 Filing Fee us Certified Copy Certificate of Status (Additional copy is challenged) (Additional Copy is Enclosed)
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

of GRANT CHAPEL A.M.E. CHURCH INC. (Name of Corporation as currently filed with the Florida Dept. of State) N94000003977 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: P.O. BOX 1281 (Mailing address MAY BE A POST OFFICE BOX) LAKE WORTH, FL. 33460 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: Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A , 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 D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change × Add Remove	<u>P</u>	SONYA McINTOSH	2687 REIDS CAY WEST PALM BEACH
2) Change Add	<u>P</u>	FLOYD L. NARCISSE	FLORIDA 33411 397 HAVERSHAM RD. DELTONA
X Remove 3) Change Add X Remove	<u>T</u>	TOMMY WILLIS	FLORIDA 32725 3130 SW 20TH TERRACE #A2 DELRAY BEACH FLORIDA, 33445
4) X Change Add	<u>TS</u>	ROBERT BRAY	916 12 COURT SOUTH LAKE WORTH
Remove 5) Change	TR	BART A. CUNNINGHAM	FLORIDA 33460 7386 ASHLEY SHORES CIRCLE LAKE WORTH. FLORIDA, 33467
6) Change Add			
E. If amending or addin (attach additional shee	<u>g additional Arti</u> ts, if necessary).	cles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	t(s) adoption: SEPTEMBER	18, 2020		, if other than the
Effective date <u>if applicable</u> :	SEPTEMBER 18, 2020			
entective date <u>it applicable:</u>	(no more than 90 c	lavs after amendme	ent file date)	
Note: If the date inserted in the document's effective date on the	nis block does not meet the app he Department of State's record	licable statutory fil		will not be listed as the
	,	-		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	SEPTEMBER 18, 2020
Signatur	s Sacil
	(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)
	BART A. CUNNINGHAM
	BART A. CUNNINGHAM (Typed or printed name of person signing)