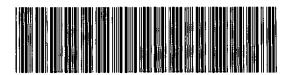
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALL AHASSEE, FLORID

Amend ICC Mamuchs Ma 8/4/10

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Believer's Temple of Christ Full Gospel Church, Inc.					
DOCUMENT NUMI	BER: N96000000417	·			
The enclosed Articles	of Amendment and fee are sub	mitted for filing.			
Please return all corres	spondence concerning this matt	er to the following:			
	(Name of	Contact Person)			
	, (Firm.	/ Company)			
	MBER: N9600000417 Letes of Amendment and fee are submitted for filing. Willie A. Thomas (Name of Contact Person) (Firm/ Company) 5435 NW 182 Street (Address) Miami, Florida 33055 (City/ State and Zip Code) valarieivory@aol.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call:				
	(A	Address)			
		· · · · · · · · · · · · · · · · · · ·			
	(City/ Stat	e and Zip Code)			
			ion)		
For further information	concerning this matter, please	call:			
Nelson Andrews		at (305) 773-6691			
(Name o	of Contact Person)	(Area Code & Daytime	e Telephone Number)		
Enclosed is a check for	r the following amount made pa	ayable to the Florida Department	of State:		
\$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy		
			·		
			s		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2010

WILLIE A. THOMAS 5435 NW 182 STREET MIAMI, FL 33055

SUBJECT: BELIEVER'S TEMPLE OF CHRIST FULL GOSPEL CHURCH, INC.

Ref. Number: N96000000417

We have received your document for BELIEVER'S TEMPLE OF CHRIST FULL GOSPEL CHURCH, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where a you can be reached during working hours.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 810A00018081

Articles of Amendment to Articles of Incorporation of

Believer's Temple of Christ Full Gospel Church, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N96000000417

(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:

	new name must be distinguishable and	ole of Christ Prayer Missic	n, Inc.
Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:			
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	· 		
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:			
· · · · · · · · · · · · · · · · · · ·			Florida, enter the name of G
Name of New Registered Agent:		egistered office address:	
	Name of New Registered Agent:		
New Registered Office Address: (Florida street address)	New Registered Office Address:	(Florida street a	ddress)
(City), Florida_ (Zip Code)		(City)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligation position.		nging Registered Agent:	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
AFS	Darlene Lewis	5435 NW 182 Street Miami, Florida 33055	☐ Add ☐ Remove		
			□ D		
			Add Remove		
E. If amend	ling or adding additional Articles, dditional sheets, if necessary). (Be	enter change(s) here: specific)			
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		TO 1 140 TO			
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			<u>}</u>				
			H	**			÷
The date of each amendmen	nt(s) adoption: Jul	ly 20, 2010		. +		· ·	
Effective date <u>if applicable</u> :		(date of adoption	n is requ	ired)			f
		e than 90 days afte	r amendi	nent file (date)		
Adoption of Amendment(s)	(СН)	ECK ONE)	2				
The amendment(s) was/w was/were sufficient for ap		members and the n	umber of	f votes ca	st for the a	amendme	ent(s)
There are no members or adopted by the board of d		o vote on the amen	idment(s)). The an	nendment(s) was/w	ere
Dated	7/20/20	10	;				
Signature_	Willie	A. Shor	77-7	<u>ب</u>	th	£6: :£	
ha	y the chairman or vove not been selecte her court appointed	d, by an incorpora	tor – if i	n the har			
		Willie A. T	homas				
	(Тур	ed or printed name	of perso	n signing	g)		
,	V-1200-4	Chairman/[Director				
d .		(Title of person s	igning)				

Page 3 of 3