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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		MULBERRY CHU	RCH OF CH	IRIST, INC.	
DOCUMENT NUMBER:		N96000003702	2		
The enclosed Articles of An	nendment and fee are subm	nitted for filing.			
Please return all correspond	ence concerning this matter	r to the following:			
		SHIRLEY GRIF	FIN		
		(Name of Contact Pe	erson)		
		(Firm/ Company	y)		
		865 FORREST	DRIVE		
		(Address)			
		BARTOW, FLOR	RIDA 33830		
	((City/ State and Zip	Code)		
	gentlebe -mail address: (to be used	e verizon	net		
	-mail address: (to be used	for future annual rep	oort notification	1)	
For further information con-	cerning this matter, please of	call:			
	MARTHA THOMAS	at	863	519- 6962	
	(Name of Contact Person)			(Daytime Telephone Number)	,
Enclosed is a check for the	following amount made pay	yable to the Florida I	Department of	State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	

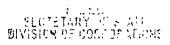
Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



			15 MAY 18 PM 2: 23
(Name of Corporation as curren	tly filed with the Flori	da Dept. of St	tate)
MULBERRY (CHURCH OF CHRIS	ST. INC.	N9600000
(Document Numb	er of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	· Profit Corpoi	ration adopts the following
A. If amending name, enter the new name of the corporati	on:		
N/A			The new
name must be distinguishable and contain the word "corporal "Company" or "Co," may not be used in the name.	ion" or "incorporated	" or the abbre	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MULBE	RRY CHUR	CH OF CHRIST, INC.
	865 FO	RREST DRIV	VE
	BARTO	W, FL 3383	0
D. If amending the registered agent and/or registered office	re address in Florida	enter the nam	ne of the
new registered agent and/or the new registered office a		cuter the ham	ic of the
Name of New Registered Agent:	SHIRLE	Y GRIFFIN	
name of New Registered Agent.	865 FO	RREST DRI	VF.
		orida street addres	
New Registered Office Address:	,,,,,		
	BARTOW		Florida 33830
	(City)		(Zip Code)
Now Degistered Agent's Signature if shanging Degistered	Agent		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	niliar with and accept	the obligations	s of the position.
Links	on Arillia	4	
	ignature of New Registe	ered Agent if	rhangina

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	PD	SHIRLEY GRIFFIN	865 FORREST DRIVE
Add			BARTOW, FLORIDA
Remove			33830
2) Change	VSTD	MARTHA THOMAS	1080 POLK STREET
X Add			BARTOW, FLORIDA
Remove			33830
3) X Change	D	BENJAMIN RADFORD SR.	626 KOALA COURT
Add			POINCIANA, FLORIDA
Remove			34759
4) Change	STD	REGINA RADFORD	626 KOALA COURT
Add			POINCIANA. FLORIDA
X Remove			34759
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Damova			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

AMENDMENT ARTICLE V -	SUBSCRIBERS:
NAME	ADDRESS
SHIRLEY GRIFFIN	865 FORREST DRIVE
	BARTOW, FLORIDA 33830
MARTHA THOMAS	1080 POLK STREET
	BARTOW, FLORIDA 33830
AMENDMENT ARTICLE VI	OFFICERS:
OFFICE	NAME AND ADDRESS
PD	SHIRLEY GRIFFIN
	865 FORREST DRIVE
	BARTOW, FLORIDA 33830
VSTD	MARTHA THOMAS
	1080 POLK STREET
	BARTOW, FLORIDA 33830
AMENDMENT ARTICLE VII	- BOARD OF DIRECTORS:
NAME	ADDRESS
SHIRLEY GRIFFIN	865 FORREST DRIVE
	BARTOW, FLORIDA 33830
MARTHA THOMAS	1080 POLK STREET
	BARTOW, FLORIDA 33830
BENJAMIN RADFORD SR.	626 KOALA COURT
	POINCIANA, FLORIDA 34759

MAY 1, 2015 if other than the The date of each amendment(s) adoption: date this document was signed. MAY 1, 2015 Effective date if applicable: (no more than 90 days after amendment file date) 15 HAY 18 PM 2: 23 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 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) SHIRLEY GRIFFIN (Typed or printed name of person signing) PRESIDENT/DIRECTOR (Title of person signing)

IN WITNESS WHEREOF, we, the undersigned, have hereunto set our hands this 15
Day of May, 2015, for the purpose of Amending said articles of this corporation not for profit under laws of the State of Florida.
Shirley Griffin
Martha Homa Martha Richmond Thomas
STATE OF FLORIDA COUNTY OF STATE OF FLORIDA Before me a notary public duly authorized in the state and county named above to take
acknowledgements, personally appeared to me known as the persons described as subscribers in and
who executed the foregoing Amended Articles of Incorporation, and they acknowledged before me that
they executed and subscribed to these Amended Articles of Incorporation.
WITNESS my hand and official seal in the county and state above named the 15 day of
leulea D
CECILIA GONZALEZ Notary Public - State of Florida My Comm. Expires Jun 19, 2017 Commission # FF 029130