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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Lamb Temple of God Working In The Earth Minist	ry
DOCUMENT NUMBER: N9600006078	nc.
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pastor Willie Lamb Jr.	
(Name of Contact Person)	
(Firm/ Company)	
410 Parker Knight Road	
(Address)	
410 Parker Knight Road (Address) William FL 32343 (City/ State and Zip Code)	
(City/ State and Zip Code)	
WDLD, LAMBO GMAIL (COM E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Willre Lamb Jr. at (250) 743-3401	
(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	
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy	
enclosed) (Additional Copy is Enclosed)	
Mailian Addang	

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

The Lamb Lemole Working In	The Frath	Unistry Tuc.	
(Name of Corporation as currently filed with the Florida	Dept. of State)	1001 - 1101 - 1101	
N 96000010078			
	ber of Corporation (if	known)	
Pursuant to the provisions of section 617,1006, Florida Statulamendment(s) to its Articles of Incorporation:			s the following
A. If amending name, enter the new name of the corpora	tion:		
name must be distinguishable and contain the word "corpora" Company" or "Co." may not be used in the name.	ation" or "incorporat	ed" or the abbreviation "Cor	The new p." or "Inc."
B. Enter new principal office address, if applicable:		(٤)	20
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		· · ·	_b =
C. Enter new mailing address, if applicable:		1978 110	- II
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
			5: (
		· · · · · · · · · · · · · · · · · · ·	- \forall
	 -		
D. If amending the registered agent and/or registered off	ice address in Florid	a, enter the name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent:			
		Florida street address)	
New Registered Office Address:			
		, Florida	The new orp." or "Inc." 2023 0CT - 2 PH 2: 07
	(City)	(Zip Code,)
New Registered Agent's Signature, if changing Registered	l Agont.		
I hereby accept the appointment as registered agent. I am fa		ot the obligations of the position	on.
	•		
S	ignature of New Regi	stered 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 I 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	1	Coilcrease Dang	428 Parker Knildfood Midway FL J3343
Remove 2) Change Add	<u>T</u>	Graham Christine	Hot Far. 33870 Blueston Han Apt. 1101 Midway Fl 32343
Remove 3) Change Add Remove	<u> </u>	Gilcrose Daha	478 Parker Knight Road Midway Fl 32343
4) Change Add	<u>_S_</u>	Lamb Shawanna	195 Tennel Road Midway (FL 32343
Remove 5) Change Add	AT	Lamb Mary	394 Parker Kright Road Midway IFL 32343
Remove 6) Change Add Remove	TA	Lamb Emma	P.O. Box 587 Midway, FL 32343
•		icles, enter change(s) here: (Be specific)	

•		
		
	 :-	,
		
		
		 .
		 .
The date of each amendment(s) adoption: date this document was signed.	:	if other than the
Effective date if applicable:		
(r	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be at of State's records.	elisted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Signatu	(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)
	Pastor Wille bamb JA (Typed or printed name of person signing)
	Pastor / President (Title of person signing)

. . . .