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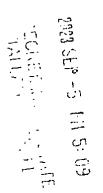
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O: Amendment Section

Division of Corporations
OCUMENT NUMBER: N9700000 6592
OCUMENT NUMBER: N9700000 6592
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
DR. Charles E. An Jerson (Name of Contact Person)
Trinty Worship Center Int 1 Ministries, INC (Firm/Company)
P.O. Box 3542 (Address)
(Address)
HATINES City, FL 33845 (City/State and Zip Code)
(City/State and Zip Code)
Charles. Anderson 7 @ icleud. com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Dr. Charles E. Anderson at 863 207-7771 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
\cdot · · · · · · · · · · · · · · · · · · ·
nclosed 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 Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Document Number of Corporation (if known) It sugart to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the send that the second send that the second send send send send send send send se	The new
If amending name, enter the new name of the corporation: The memory of the corporation of the corporation or "incorporated" or the abbreviation "Corporation" or "Co." may not be used in the name. Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	The new
me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corporation" or "Co." may not be used in the name. Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	
W	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
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:	$\langle f \rangle$
	30
(Florida street address)	
New Registered Office Address:	أأث بدائر
Florida	
(City) (Zip Code,	
w Registered Agent's Signature, if changing Registered Agent:	22
ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	on. 11

ad address of each Officer and/or Director being added; Itach additional sheets, if necessary) lease note the officer/director title by the first letter of the office title: = President: V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief secutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office old. President, Treasurer, Director would be PTD.					
	eaves the corpor	ration, Sally Smith is named the	is listed as the PST and Mike Jones is listed I and S. These should be noted as John Doe,		
kample: <u>K</u> Change <u>K</u> Remove <u>K</u> Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke Jones ly Smith			
epe of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
Change Add					
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If amending or additional sh		Articles, enter change(s) here: y). (Be specific)	_		
The Bom	ed of [5, 2023)irectors Agra to Amend	. /1 /	/	
relude	the fi	Howing : Af	fordsble Housing		
Centers.	nelters, Senion	Housing An	al Housing, Toli	<u>m</u>	

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

Health and Wellness And Community initrationing Centers for youth, Adults Seniors, and Veterans, Health Centers Veterans Housing.	Histives And
Seniors, and Veterans Health Centers Veterans Housing.	and
	
	SECTION SECTION
1	PH 5: 10
the date of each amendment(s) adoption: The date of each amendment(s) adoptio	if other than the
ffective date if applicable: August 25, 2023 (in more than 90) days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wocument's effective date on the Department of State's records.	ill 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.

(CHECK ONE)

doption of Amendment(s)

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)

Charles F. A. Lusson

(Typed or printed name of person signing)

(Title of person signing)