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COVER LETTER

TO: Amendment Section Division of Corporations

and the second of

NAME OF CORPORATION: FU	el Media Group	>			
DOCUMENT NUMBER: <u>P05000</u> 103970					
The enclosed Articles of Amendment ar	d fee are submitted for filing.				
Please return all correspondence concern	ing this matter to the following:				
Rober	+ FRANQUIZ				
	Name of Contact Person				
fuel 1	+ FRANQUIZ Name of Contact Person Media Group, In	Cı			
- 1	Firm/ Company				
7390	SW147 AVR				
	Address				
Mirar	ar, fl 32027				
	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Robert FRANCIS	at (30 S	e & Daytime Telephone Number			
Name of Contact Person	Area Cod	e & Daytime Telephone Number			
Enclosed is a check for the following an	ount made payable to the Florida Depar	tment of State:			
\$35 Filing Fee \$43.75 Fil Certificate		☐\$52.50 Filing Fee Certificate of Status Certified Copy (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

tuel Megia (xoup	$\frac{1}{1}$ Inc.				
(Name of Corporation as	s currently filed	with the Florida Dep	ot. of State)	<u></u>	
P050	00/039	70			
(Document	Number of Corp	oration (if known)			
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	itutes, this <i>Florid</i>	a Profit Corporation a	dopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corpor	ration:				
AMPLIFY Church Gro	OP, IN	C .		/ The new	
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	corporation," "c Inc," or "Co".	ompany," or "incorp	orated" or the	abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>	·	مَسِوَّ سَيَّا وَيُوْهِ *وَ	夏州	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent		Florida, enter the na	me of the	PM 2: 21	
	(Florida street ado	(ress)		_	
	1,	. 2.02 /	ry		
New Registered Office Address:	(City)			Code)	
I hereby accept the appointment as registered agent. I am	n familiar with an		ns of the position	· 	
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ce address: (Florida street add (City) red Agent: n familiar with an	ress)	_, Florida(Zip		

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		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		-		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
2) Change				
Add			<u></u>	
Remove				
3) Change				
		·		
Add Remove				
Kemove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ding additional Articles, enter of heets, if necessary). (Be specifications)	ic)	
		- 	
			
	_	 	
<u> </u>			
			
		<u> </u>	
f an amendment	provides for an exchange, reclas	ssification, or cancellation	of issued shares,
(if not applie	plementing the amendment if no table, indicate N/A)	ot contained in the amendr	nent itself:
(ij noi uppiic	ine, maletae may		

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date work and the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated November 9,2017	
Dated November 9,2017 Signature	
(By a director-president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Robert Franquiz	
(Typed or printed name of person signing)	
President	

(Title of person signing)