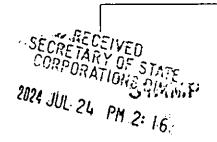
RI SOS Filing Number: 202458314540 Date: 7/24/2024 2:16:00 PM



State of Rhode Island

Department of State - Business Services Division



Articles of Amendment

DOMESTIC Non-Profit Corporation

→ Filing Fee: \$10.00

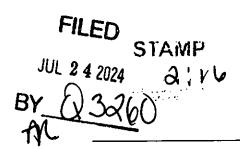
Pursuant to the provisions of RIGL of Amendment to its Articles of Inco	7-6-40, the undersigned corporation adopts the following Articles proporation:
1. Entity ID Number:	2. The name of the corporation is:
001686020	Restoration Worship Ministries
3. If the entity's name is changing state the new name:	Thrive Culture Church
,	Check the box to indicate no change
4. If the period of its duration is ch	anging complète the following section: CHECK ONE BOX ONLY
Perpetual (on-going)	
Date certain for dissolution _	Check the box to indicate no change
transacted in the State of Rhode Islan	
Check the box to indicate an attac	
state the number of directors is inc	reasing or decreasing (not less than 3 directors),
*List ALL directors as of this amenda	nent
NAME	ADDRESS
Erny Francisco	9 Vireo Street Providence RI 02904
Karen Calzada	53 Lonsdale Street, West Warwick RI 02893
Javier Torres	1295 Douglas Avenue Apt 1 North Providence RI 02904
Check the box to indicate an attac	chment

MAIL TO:

Division of Business Services

448 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 201 - Revised: 12/2023



Articles of Amendment

DOMESTIC Non-Profit Corporation

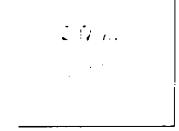
→ Filing Feè: \$10.00

Pursuant to the provisions of RIGL of Amendment to its Articles of Inco		undersigned corporation adopts the following Articles			
1. Entity ID Number:	2. The nar	name of the corporation is:			
001686020	Restora	ation Worship Ministries			
3. If the entity's name is changing state the new name:	Thriv	re Culture Church			
		Check the box to indicate no change			
4. If the period of its duration is cha	anging cor	nplete the following section: CHECK ONE BOX ONLY			
Perpetual (on-going)					
Date certain for dissolution	Check the box to indicate no change				
Check the box to indicate an attac	hment [Check the box to indicate no change ✔			
		decreasing (not less than 3 directors),			
state the number of directors in thi	_				
*List ALL directors as of this amendme	ent				
NAME	А	DDRESS			
Danesa Francisco	9	Vireo Street Providence RI 02904			
Yoryis Gomez	2	3 Colfax Street, Providence RI 02905			
Check the box to indicate an attack	hment 🗀	Check the box to indicate no change			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



7. If adding or amending additional provisions, complete the following section:				
•				
Check the box to indicate an attachment Check t	he box to indicate no change			
8. The amendment was adopted in the following manner: CHECK ONE BOX ONLY				
The amendment was adopted at a meeting of the members held on July 16, 2024, at which meeting				
a quorum was present, and the amendment received at least a majority of the votes which members present or represented by proxy at such meeting were entitled to cast.				
The amendment was adopted by a consent in writing on, signed by all members entitled to vote with respect thereto.				
The amendment was adopted at a meeting of the Board of Directors held on				
received the vote of a majority of the directors in office, there being no members en thereto.	ntitled to vote with respect			
9. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the date of filing)				
10. Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any				
accompanying attachments, and that all statements contained herein are true and correct.	<u> </u>			
Type or Print the Name of the Non-Profit Corporation				
Restoration Worship Ministries				
Type or Print Name of the President ☑ OR Vice President □	Date			
Erny Francisco	July 21, 2024			
Signature of President OR Vice President				
Type or Print Name of the Secretary ☑ OR Assistant Secretary □	Date			
Karen Calzada	July 21, 2024			
Signature of the Secretary OR Assistant Secretary	-			
Kara Black				

TWO SIGNATURES ARE REQUIRED

RI SOS Filing Number: 202458314540 Date: 7/24/2024 2:16:00 PM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 24, 2024 02:16 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

