N200000 12169

(Re	equestor's Name)		
(Ac	ldress)		
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(0)	h /Chata/Zin/Dhana	. 40	
(CI	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	usiness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SPIRITIST	CENTER LIGHT OF ETERNITY INC.			
DOCUMENT NUMBER: N200001	2169			
The enclosed Articles of Amendment and fee are submitted	ed for filing.			
Please return all correspondence concerning this matter to	the following:			
LEANDRO BAY	DIGULN			
(Na	ame of Contact Person)			
SPIRITIST CENTER LIGHT	OF ETERNITY, INC. (Firm/Company)			
115 HICKORY ST., SUITE	204Q, MELBOURNE, FL, 32904 (Address)			
(Ci	ty/ State and Zip Code)			
LEANDILO BADIGUAN QYAHO E-mail address: (to be used for	Tuture annual report notification)			
For further information concerning this matter, please call	1:			
LEANDRO BADIGUAN	at 321 - 443 - 130 7 (Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payab	ole to the Florida Department of State:			
(,	Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy Certified Copy (Additional Copy is Enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 The Centre of Tallahassee Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810				
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Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

SPIRITIST CENTER LIGHT OF FTERNITY, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N 200000 12169	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	following
A. If amending name, enter the new name of the corporation:	
SPIRITIST CENTER FRATERNAL LOVE, INC. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or	_The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Company" or "Co." may not be used in the name.	or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	_
D. 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: // L	
(Florida street address)	
New Registered Office Address:	
NA , Florida,	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	267
	2021 H.S
- NA	
Signature of New Registered Agent, if changing	-6
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	<u>.</u>

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add		$N\Delta$	
Remove			
2) Change Add		NA	
Remove 3) Change Add Remove		NA	
4) Change Add		NA	
Remove			
5) Change Add		NA	
Remove			
6) Change Add		NA	
Remove			
E. If amending or adding (attach additional sheet)		cles, enter change(s) here: (Be specific)	
**			

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		·		
The date of each amendment(s) adoption: date this document was signed.	N4			, if other than the
date this document was signed.				
Effective date if applicable:	1/3			
Effective date if applicable:	so more than 90 days a	fter amendment fil	e date)	_
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicabl	e statutory filing re	equirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted t was/were sufficient for approval.	by the members and the	number of votes of	east for the amendment(s)	•

(Title of person signing)