N23000013201

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SERVIN SERVICES FOR



COVER LETTER

TO: Amendment Section Section Division of Corporations	· · · · · · · ·		/
NAME OF CORPORATION	. The S	piritual:	Israel Church And
DOCUMENT NUMBER:		N230000	13201
The enclosed Articles of Amen	dment and fee are sub	mitted for filing.	
Please return all correspondence	e concerning this mat	ter to the following:	
(3 Rend A	· Volcy	
		(Name of Contact Perso	n)
The Spirit	UNI ISK	Ael Churc	4 And Its Inc
		14hWAY	
		(Address)	
Ft. Lauder	LAR FT	Olida 33	3/
•	1	(City/ State and Zip Coo	de)
NO Riset	1 be Dell	SOU Honef	
E-m	ail address: (to be use	d for future annual report	notification)
For further information concern	ing this matter, please	e call:	
<u>Brenda</u>	Volcy	at	154- 701-8997 rea Code) (Daytime Telephone Number)
(19)	ame of Contact Persor		
Enclosed is a check for the follo	owing amount made p	ayable to the Florida Dep	eartment of State:
□ \$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Add Amendment			Address dment Section
Amenament	SCLIGHT	Affich	ament accual

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Artic	to les of Incorporation	
Name of Corporation as currently filed with the Florida (Name of Corporat	hurch And	2023 DEC 11 AM 11: 10
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	, ,	HALLING RESIDIE
A. If amending name, enter the new name of the corporation of the corp	inch And I	If ALMY INC: The new "or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>S</u>)	
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.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fla	orida street addressi
	Cimi	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		the obligations of the position.

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 D V Mike J SV Sally S	lones	
Type of Action (Check One) 1) Change Add	Tille Theashar	Olivia H. Loggins	Address 424 NW/4hWMy H-LMWHAAMRE (PL 33311
Remove 2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional sh		ticles, enter change(s) here: (Be specific)	

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

Dated _	12-06-2023
Signature _	Bienda Weley
	y the chairman or vice chairman of the board, president or other officer-if director ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or
o	ther court appointed fiduciary by that fiduciary)
	Brenda Volay
	(Typed or printed name of person signing)
	Λ