

N200001087

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000104364 3)))



H220001043643ABCW

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MEDEIROS SOUZA CORP
Account Number : I20190000068
Phone : (407)326-8484
Fax Number : (407)604-6519

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Contact@medeirossouza.com

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2022 MAY -3 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ZION FAMILY CHURCH ORLANDO, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
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SECRETARY OF STATE
TALLAHASSEE, FL

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f 5/4/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ZION FAMILY CHURCH ORLANDO, INC

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rubem Souza

(Name of Contact Person)

Medeiros Souza Corp

(Firm/ Company)

845 N Garland Ave, Ste 100

(Address)

Orlando, FL 32801

(City/ State and Zip Code)

Contact@medirossouza.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rubem Souza

(Name of Contact Person)

407 326-8484

at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

850-617-6381

4/13/2022 3:48:40 PM PAGE 1/001 Fax Server



April 13, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ZION FAMILY CHURCH ORLANDO, INC.
6014 GOLDEN DEWDROP TRAIL
WINDERMERE, FL 34786US

SUBJECT: ZION FAMILY CHURCH ORLANDO, INC.
REF: N20000001087

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You cannot file New Articles with the Amendment form.
Please remove the reference of the attachment from Section E. Please list all changes on the Amendment form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

FAX Aud. #: H22000104364
Letter Number: 522A00008638

Articles of Amendment
to
Articles of Incorporation
of

ZION FAMILY CHURCH ORLANDO, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000001087

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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:

(Florida street address)

New Registered Office Address:

_____, 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.

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article VIII Dissolution :

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purpose within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

[illegible]

The date of each amendment(s) adoption: _____, 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 not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ 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 04/04/2022

Signature Thaísa de Barros Freitas Freitas

(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)

Thaísa Freitas

(Typed or printed name of person signing)

President

(Title of person signing)