

7/2730

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(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Church of God Tabernacle In
DOCUMENT NUMBER: 712730
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mamie Wilson
(Name of Contact Person)
The Church of God Tabernacle INC. (Firm/ Company)
P.O. Box 680580
(Address)
Miami FL 33168
(City/ State and Zip Code)
Singer composer a earthlink, net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mamie Wilson at 786-213-3876
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\
Mailing Address Street Address

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

to

Articles of Incorporation of

The Church of God Tabernacle INC
(Name of Corporation as currently filed with the Florida Dept. of State)
112130
(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 follow amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The ne
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 <u>MUST BE A STREET ADDRESS</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 office address in Florida, enter the name of the Co
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

,	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. Ther 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 Chan 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	ones			
	Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
	1) Change Add	<u>P</u> .	Johnnie Hightower	9009 N.W. 21st Ave Miami FL 33147		
	Remove 2) Change Add	P	Joseph Warren	9009 N.W. 2/St Ave Miami FL 33/47		
	Remove Change Add Remove	D	April Smith	9009 N.W. 21st Ave Miami FL 33/47		
	4) Change Add					
	Remove					
	5) Change Add					
	Remove					
	6) Change Add			· ·		
	Remove			1 · N		
	E. If amending or addin (attach additional shee	ng additional Art	icles, enter change(s) here: (Be specific)	19 70 16 10 70 16		
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The date of each amendment(s) adopted date this document was signed.	ion:		, if other than the
Effective date if applicable:			
Effective date il applicable:	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block d document's effective date on the Departs	oes not meet the applicable statutory filing requirements, this	date will not	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amend	iment(s)	

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	04-17-2024
Signature	
_	(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)
	Mamie Wilson (Typed or printed name of person signing)
	Trustee
	(Title of person signing)