## 721886

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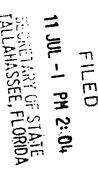
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: The Church of the Lord Jesus In the Apostle Doctrine, INC
DOCUMENT NUMBER: 721886
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Corey Fuller (Name of Contact Person)
The Church of the Lord Jesus in (Firm/Company) the Apostle Doctrine, IN
190 NW 24th Ave. (Address)
Rempono Reach, F1 33069 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Corey Fuller at 954 557 8640 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status (Additional copy is enclosed) \$\text{\$43.75 Filing Fee & Certificate of Status}\$\$ (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

The Church of Corneration as cur	- the Lord Jess in rently filed with the Florida Dept. of State	the Apostle
72/88	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of		fit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		porated" or the
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		
		PLO ME TO THE
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		SER P. O
		Or &
D. If amending the registered agent and/or new registered agent and/or the new reg		r the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as register position.		the obligations of the
	Signature of New Registered Agent, if chan	ging

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)

Title PD	Corey Fuller	Address 11861 NW 39th Pl Sunse, FI	Type of Action  Add Remove
<u>VP</u>	Cynthia Fuller	11861 NW 30th PL Survise FI	Add Remove
D	Segar Pickett	1401 NW 3rd Way Rompono Buh, FT 23060	☐ Add ☐ Remove
E. <u>If amending</u> (attach add	ng or adding additional Articles, enter c litional sheets, if necessary). (Be specific		

The date of each amendment(s) adoption:
(date of adoption is required)  Effective date if applicable:
(no more than 90 days after amendment file date)
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 10 21 20
(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)
Core y Fuller (Typed or printed name of person signing)
Postor President (Title of person signing)