824257

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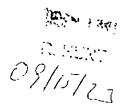
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	ord Jesus Christ of the	Apostolic Fa	úth —————————		
824257 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are subm	nitted for filing.				
Please return all correspondence concerning this matte	r to the following:				
Marcus R. McCoy, Sr.					
	(Name of Contact Pers	son)			
The Church of Our Lord Jesus Christ of the Apostolic	Faith				
4	(Fam Company)				
1153 Key Largo Cir el e				2023	
	(Address)				<u> </u>
Port Orange, FL 32128				5	
	(City/ State and Zip Co	ode)			٢
mruelmccoy@gmail.com				12: 40	-
E-mail address: (to be used	for future annual repo	rt notification	1)		
For further information concerning this matter, please	call;				
Marcus R. McCoy, Sr.	at 3	186	566-9172		
(Name of Contact Person)		Area Code)	(Daytime Telephone	e Number)	
Enclosed is a check for the following amount made page	yable to the Florida Do	epartment of	State:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & € Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Centifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divis The	et Address indment Secti sion of Corpo Centre of To N. Monroe	rations		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Church of Our Lord Jesus Christ of the Apostolic Faith

(Name of Corporation as currently filed with the	: Florida D	ept. of State)		
824257				
(Docum	ent Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For Profu</i>	Corporation adopts the	following
A. If amending name, enter the new name of the	corporati	on:		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or th	e abbreviation "Corp." o	
B. Enter new printipal biffer redress, if applical	ble:	596 West Church Street, Orl	ando, FL. 32805	
(Principal office address MUNT BE A STREET A				
				-
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	1153 Key Largo Circle, Port	Orange, FL 32128	20
				- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15
				р <u>-</u>
			<u> </u>	 ;
D. If amending the registered agent and/or regis			the name of the	5 H
new registered agent and/or the new register				ਨ:
Name of New Registered Agent:	Marcus R.	McCoy, Sr.		0,1
.* *	1153 Key	Largo Circle		
New Projectional Office Address		(Florida str	et address)	
New Registered Office Address:	Dowt Onone		22120	
ŧ	Port Orang	-	, Florida 32128	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing F	Registered	Agent:		
I hereby accept the appointment as registered agen	t. 1 am Jan	A ()	gations of the position.	
_	Sig	gnature of New Registered Ag	ent, 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. 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 Sr	nes		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) * CinngeAdd	: rustas	Kenneth Grows or	1317 Rowe Avenue Jacksonville, FL 32208	
Remove		,		
2) Change Add	Ex. Asst	Darvl Forehand, Sr.	1406 Carver Avenue Lakeland, FL 33805	
Remove 3) Remove Lambda Add Remove	Trustee	Homer Brown	922 Demaret Dr. Rockledge, FL 32955	
4) Change Add				_
Remove				
5) Change Add			\$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25	
Remove			<u></u>	
6) Change Add				
Remove			*12	
E. If amending or addin (attach additional shee	ng additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	0	-
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The date of each amendment	t(s) adoption:	September 9, 202	23			, if othe	er than the
date this document was signed	l		-				
Effective date if applicable:	September 9,	2023					
encente date <u>it applicable</u> :	(ne	more than 90 de	ays after omen	dment file date)			
Note: If the date inserted in the document's effective date on the	nis block does n he Department	not meet the appl of State's record	icable statutory s.	filing requiren	nents, this date wil	not be listed	as the
Adoption of Amendment(s)	Œ	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 $09/09/2023$
- TAAA)
Signature
(By the chairman or vise 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)
MARCUS R. MGCOY, OR.
(Typed or printed name of person signing)
(T)/d of seison rigning)

2023 SEP 15 PHIZ: 40