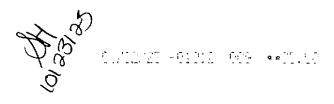
## N00000001464

(Requestor's Name)
(Address)
, , , , , , , , , , , , , , , , , , ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Warne)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200457353112





## COVER LETTER .

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

2

THE LORD IS NAME OF CORPORATION:	STHERE, INC.				
N0000001464 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee at	re submitted for filing.				
Please return all correspondence concerning this	s matter to the followi	ng:			
Karen Anderson					
	(Name of Conta	act Person)			
THE LORD IS THERE, INC.					
	(Firm/ Con	npany)	-		
11218 Lokanotosa Trail					
	(Addre	ss)			
Orlando, FL 32817					
	(City/ State and	Zip Code)			
panderusa33@gmail.com					
E-mail address: (to b	e used for future annu	al report notifi	cation	)	
For further information concerning this matter,	please call:				
Karen Anderson		407 at		230-2355	
(Name of Contact F	erson)	(Area Co	ode)	(Daytime Telephone Number	er)
Enclosed is a check for the following amount m	ade payable to the Flo	rida Departme	ent of S	State:	
■ \$35 Filing Fee □S43.75 Filing Fe Certificate of St		opy is (	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Addr Amendment Division of C The Centre	Section Corpor	rations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

THE LORD IS THERE, INC.

THE LORD IS THERE, INC.			
(Name of Corporation as currently filed with the	e Florida I	Dept. of State)	
N0000001464			
(Docum	nent Numb	er of Corporation (if ki	nown)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporat	tion:	
N/A			The new
name must be distinguishable and contain the word	l "corpora	tion" or "incorporated	" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name	<u>Ľ</u> .		
B. Enter new principal office address, if applica	ble:	N/A	
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>	)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	11218 Lokanotosa T	rail
		Orlando, FL 32817	
D. If amending the registered agent and/or regis	stered offi	ce address in Florida,	enter the name of the
new registered agent and/or the new register			
Name of New Registered Agent:	Karen Ar	nderson	
	11218 Lc	okanotosa Trail	
		(FI	orida street address)
New Registered Office Address:			
	Orlando		, Florida 32817 (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered t. I am fa.	Agent: miliar with and accept	the obligations of the position.
-	מעובת	ignature of New Regist	red toent 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	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	ACHR,	NEVILLE ROY BENJAMIN, Jr.	304 S.FAULKNER AVE LEESBURG, FL 34748
x Remove			
2) Change Add	<u>P</u>	KAREN ANDERSON, PASTOR	0RLANDO FL 32817
Remove  3 ) Change     Add     X Remove	Other_	Nina Webster	P.O Box 681855 Orlando, FL 32868
4) Change Add	<u> </u>	ALBERTHA BOSWELL-JAMES	1321 SOUTH TAMPA AVE ORLANDO, FL 32805
Remove  5) Change x Add Remove	D	ALAN ANDERSON	11218 LOKANOTOSA TRAIL ORLANDO, FL 32817
6) Change Add			
E. If amending or addin (attach additional shee		cies, enter change(s) here: (Be specific)	

· · · · · · · · · · · · · · · · · · ·		
		<u>.</u>
<del></del>		<u>-</u>
		<del></del>
<del></del>		
<u> </u>		
		<del></del>
		<del></del>
	6/29/2025	
The date of each amendment(s) adoptedate this document was signed.	ion:	_, if other than the
6/29/20	25	
Effective date if 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 Department	loes not meet the applicable statutory filing requirements, this date will not ment of State's records.	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 amendment(s)	

Dated	6/29/2025
Signatur	albertha Boswell
Jigitati	(By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)
	ALBERTHA BOSWELL-JAMES
	(Typed or printed name of person signing)
	CHAIRMAN