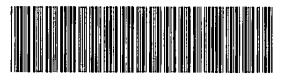
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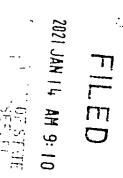
(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. BRUMBLEY

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Living Faith Church, Inc
DOCUMENT NUMBER: V020000417
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eugene Davis JR RECEIVED
Living Faith Church 2022 JAN 14 AM 8: 11 (Firm/Company) SECRETARY GO STATE TALLAHASSEE. FL (Address)
Tampa FL 33 (017) (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Figere Davis TR at 813 988-2030 (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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)

Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Articles of Amendment to Articles of Incorporation of

(Name of Corporation) as currently filed with the Florida D	ept. of State)	
1(0)00	000417	
(Document Number	or of Corporation (if known))
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	•	
A. If amending name, enter the new name of the corporati	<u>on;</u>	
		The new
name must be distinguishable and contain the word "corporate "Company" or "Co," may not be used in the name.	ion" or "incorporated" or	the abbreviation "Corp." or "Inc."
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)		2021 J
		<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as		r the name of the
Name of New Registered Agent:		
	(Florida :	street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the o	bligations of the position.
Sig	gnature 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. 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		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u> </u>	luesday Fredricks	11922 Tertrafin De Riverview, Fr. 33579
X Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
δ) Change Add			
Remove			
E. If amending or add (attach additional sh		rticles, enter change(s) here: . (Be specific)	

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	177947	
		
The date of each amendment(s) adoption:		if other than the
date this document was signed.		
_		
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)	 .
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be tof State's records.	listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes east for the amendment(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.
$\frac{12}{2}$
Dated
Signature MAMP MIND IT
(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)
(Typed or printed name of person signing)
Tastor resident (Title of person signing)
Ups previously Sent in on shis date With Payment CHX # 3294 Datect 12-7-21 \$ 35.00
un on shis date
transport stull
CX # 3294 Data 12-7-21
\$ 35.00