NO2000000417

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Centificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF THE STANK OF

COVER LETTER

٠	TO: Amendment Section Division of Corporations					
	NAME OF CORPORATION: Living Faith Church Inc					
	DOCUMENT NUMBER:					
	The enclosed Articles of Amendment and fee are submitted for filing.					
	Please return all correspondence concerning this matter to the following:					
	Eugene Davis JR (Name of Contact Person)					
	Living Faith Church					
	(Firm/ Company)					
	5500 E. Sligh Ave.					
	(Address)					
	lampa FL 33617					
	(City/ State and Zip Code)					
	E-mail address: (to be used for future annual report notification)					
	For further information concerning this matter, please call:					
	Eugene 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:					
	X \$35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status (Additional copy is Enclosed)					
	Mailing Address Street Address					
	Amendment Section Amendment Section Division of Corporations Division of Corporations					

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

•	Articles of Incorporation	SECRETARY IN
	of	2022
Living taith Ch	rurch	2022 OCT - 7 - DV
Name of Corporation as currently filed with the	Florida Dept. of State)	SECRETAIN PH 12: 52
	2000000	HI MAHASSER UT SIL
(Docum	ent Number of Corporation (if know	wn)
Pursuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For I	Profit Corporation adopts the following
mendment(s) to its Attracts of incorporation.		
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word		or the abbreviation "Corp." or "Inc."
'Company" or "Co." may not be used in the name	•	
B. Enter new principal office address, if applicat	ole:	
Principal office address <u>MUST BE A STREET Al</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)	
		
		
 If amending the registered agent and/or registered agent and/or the new registered. 		iter the name of the
· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:		
New Registered Office Address:	(Florid	da street address)
<u>New Registerea Office Adaress</u> .		
		, Florida
	(Ciṇ)	(Zip Code)
New Registered Agent's Signature, if changing R	legistered Agent:	
hereby accept the appointment as registered agent		e obligations of the position.
	Signature of New Registere	ed 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	<u>V</u>	John <u>Doc</u> Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	S	Jacqueline Akpewer	-0 6021 Cocal Pay Rd Jampa FL 33647
Remove 2) Change Add	P	Eugene Davis Jr	8771 Rocks Park Circle 79mfa, Fl 33619 Apt 430 8771 Rocks Park Circle
Remove Change Add Remove	D_	Felicia Fay Davis	877/ Rooks Park Circle Tomps, Fl 33619 Apt 430
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<u></u>		
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: sary). (Be specific)	
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The date of each amendment(s) adoption:			, if other than the
date this document was signed.		-	•
dute this document was organic.			
Effective date if applicable:			
Effective date if applicable:	more than 90 days after amendment fil	o date)	
(ne	more mun 30 uays after amenament fit	e uare)	
Note: If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing resorts.	equirements, this date will not b	e listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes of	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.

Dated

Dated

(By the ghairman 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)

(Title of person signing)