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R. WHITE

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COVER LETTER

Division of Corporations			•
HOLY TRINITY C	CHURCH OF GOD OF	TALLAHAS	SEE. INC
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are suf-	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
STEFANIE WILIAMS			
	(Name of Contact Pe	rson)	
HOLY TRINITY CHURCH OF GOD OF TALLAF	IASSEE, INC		
	(Firm/ Company)	
195 COOPERWOOD RD			
	(Address)		
CRAWFORDVILLE, FL 32327			
	(City/ State and Zip C	Code)	
SDWILLIAMS32327@YAHOO.COM			
E-mail address: (to be use	ed for future annual rep	ort notification	1)
For further information concerning this matter, pleas	se call:		
STEFANIE WILLIAMS	at		4596960
(Name of Contact Perso	n) at .	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made J	payable to the Florida f	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Enclosed)

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the N03000003848	C I WIIWA E	, com (1)	
	nent Numbi	er of Corporation (if know	n)
·		•	
ursuant to the provisions of section 617.1006, Flo nendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For Pi</i>	cofit Corporation adopts the following
. If amending name, enter the new name of th	e corporati	ion:	
!/A			The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam	-	ion" or "incorporated" o	r the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applica	ıble:	N/A	
rincipal office address <u>MUST BE A STREET A</u>)	· · · · · · · · · · · · · · · · · · ·
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A	
. If amending the registered agent and/or regi			er the name of the
new registered agent and/or the new register	ed office a	ddress:	
Name of New Registered Agent:	STEFANI	E WILLIAMS	
	195 COOI	PERWOOD RD	
	(Florida street address)		
<u>New Registered Office Address:</u>			
	CRAWFO	ORDVILLE	, Florida <u></u>
		(City)	(Zip Code)
ew Registered Agent's Signature, if changing Interest accept the appointment as registered agen	Registered	Agent:	obligations of the position
		min and decept the	own Sanons of the position.

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.

Type of Action (Check One) Title Name Address 1) Change P.D WILLIE JACKSON 195 COOPERWOOD RD CRAWFORDVILLE, FL 32327 ** Remove 195 COOPERWOOD RD Change V.PAST JOSEPHINE JACKSON CRAWFORDVILLE, FL 32327 Add 2 ** Remove 2 ** Change PASTOI STEFANIE WILLIAMS CRAWFORDVILLE, FL 32327 ** Add Remove 3 ** Change SECRET INDIA SWANN 2151 NATURAL WELLS DR TALLAHASEE, FL 32305 Remove 6 Change Add Remove 6 Change Add Remove 6 ** Change Add Remove 7 ** Change Add Remove 7 ** Change Add Remove 7 ** Change Add Remove 8 ** Change	Example: X Change X Remove X Add	PT John Do Y Mike Jo SV Sally Sr	nes	
Add		Title	Name	<u>Addres</u> s
2) Change Add CRAWFORDVILLE, FL 32327 Add CRAWFORDVILLE, FL 32327 X		P,D	WILLIE JACKSON	
Add	x Remove			195 COOPERWOOD RD
3) Change		<u>V.PAST</u>	JOSEPHINE JACKSON	CRAWFORDVILLE, FL 32327
X Add TALLAHASEE, FL 32305 Remove 5) Change Add Remove 6) Change Add Remove E. If amending or adding additional Articles, enter change(s) here:	<u>× </u>	PASTOI	STEFANIE WILLIAMS	
5) Change Add Bemove 6) Change Add Bemove B	4) Change Add	SECRE1	INDIA SWANN	
Add Remove 6) Change Add Remove Remove E. If amending or adding additional Articles, enter change(s) here:	Remove			
6)Change	5) Change Add			
Add	Remove			
E. If amending or adding additional Articles, enter change(s) here:				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	Remove			
	E. If amending or addir (attach additional shee	ng additional Arti	cles, enter change(s) here: (Be specific)	

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		-		
				
		······································		
		-		-
				
The date of each amendment(s) adopt date this document was signed.	ion:			, if other than the
Effective date if applicable:				
	(no more than 90 days	s after amendment file	e date)	
Note: If the date inserted in this block d document's effective date on the Depart	loes not meet the applicament of State's records.	ble statutory filing re	quirements, this date will not	t be listed as the
Adoption of Amendment(s)	(CHECK ONF)			

 \square The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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	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 $8/6/202/$
	Signature Statame Williams
	(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)
	STEFANIE WILLIAMS
	(Typed or printed name of person signing)
	(Title of person signing)