# N03000005660

(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	<del>&gt;</del> #)
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(Do	ocument Number)	
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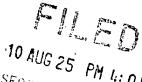
10 AUG 25 PM L: 01
SECRETARY OF STATE
TALLAHASSEE, FLORING

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: THE HOLINES	SS CHURCH OF FLOR	IDA, INC.
DOCUMENT NUM	1BER: N0300005660		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all corr	respondence concerning this matt	ter to the following:	
<del></del>	<del> </del>	Clara M. James Contact Person)	
	(Name of	Contact i cison)	
		URCH OF FLORIDA, INC.	
	(Firm	/ Company)	
	14720 Bu	channan Street	
<u> </u>	(/	Address)	
	Miami	i, FL 33176	
		te and Zip Code)	· <del></del>
	E-mail address: (to be use	d for future annual report notification	ation)
For further informati	on concerning this matter, please	e call:	
Pastor Clara M	James	at ( 305 ) 972-130	3
(Name	e of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check:	for the following amount made p	ayable to the Florida Departmen	t of State:
<b>√</b> \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Issaece, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle

#### **Articles of Amendment** to **Articles of Incorporation** of



### 10 AUG 25 PM L: NI SECALIDADE LA STATE ALL AHASSEE, FLORIDA THE HOLINESS CHURCH OF FLORIDA, INC (Name of Corporation as currently filed with the Florida Dept. of State N03000005660

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

	N/A		
new name must be distinguishable and reviation "Corp." or "Inc." "Company			orporated" or the
Enter new principal office address, if a	pplicable:	N/A	
incipal office address <u>MUST BE A STR</u>	EET ADDRESS )		
		<del></del>	
Enter new mailing address, if applical		NI/A	
(Mailing address MAY BE A POST OF	FICE BOX)	N/A	
22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2			
			· # - # - # - # - # - # - # - # - # - #
If amending the registered agent and/o	r registered office		er the name of th
If amending the registered agent and/onew registered agent and/or the new re	r registered office egistered office ad	dress:	er the name of th
If amending the registered agent and/o	r registered office egistered office ad Registere	dress: d Agent's info shall	er the name of th
If amending the registered agent and/o new registered agent and/or the new real Name of New Registered Agent:	er registered office egistered office ad Registere rem	dress: d Agent's info shall ain the same.	er the name of th
If amending the registered agent and/onew registered agent and/or the new re	er registered office egistered office ad Registere rem	dress: d Agent's info shall	er the name of th
If amending the registered agent and/o new registered agent and/or the new real Name of New Registered Agent:	er registered office egistered office ad Registere rem	dress: d Agent's info shall ain the same. ida street address)	, Florida
If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent:	er registered office egistered office ad Registere rem	dress: d Agent's info shall ain the same.	<u>-</u>
If amending the registered agent and/onew registered agent and/or the new real Name of New Registered Agent:  New Registered Office Address:	r registered office egistered office ad Registere rem (Flor	dress: d Agent's info shall ain the same. ida street address)  (City)	, Florida
If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent:	r registered office ad Registere rem (Flor	dress: d Agent's info shall ain the same. ida street address)  (City)	_, Florida (Zip Code)

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Clara M. James	14720 Buchannan Street Miami, FL 33176	☑ Add ☐ Remove
D	Benson Carey	12301 SW 216 Street Miami, FL 33157	☑ Add ☐ Remove
<u>D</u>	Dawn Carey	12301 SW 216 Street Miami, FL 33157	
The following record:  1. Carl MCC 2. Carla Sa 3. Renate A 4. Johnnye	g or adding additional Articles, enter clional sheets, if necessary). (Be specific g officers and directors names and Cray, 12301 SW 216 Street, Miamonold-Brown, 12301 SW 216 Street, Miamonold-Brown, 123201 SW 216 Street, Inc., In	addresses are to be deleted i, FL 33157 - Title D ii, FL 33157 - Title D it, Miami, FL 33157 - Title D Miami, FL 33157 - Title D	
5. Ricky Sai	ters, 12301 SW 216 Street, Miami,	, FL 33157 - Title D	
The above fi	ve (5) names were never authorize	ed by the Board of Directors	to appear
on the Corpo	oration's records. **For future refe	rence, do not accept electror	nic filings
from the abo	ve corporation. All filings shall be	completed by process of US	Mail filings
with a handw	vritten signature.		

The date of each amendment(s) a	adoption: 08/23/2010
,	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
✓ There are no members or mem adopted by the board of director	obers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_08/23/20	010
Signature	Will frames
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	Rev. Will James, Jr.,
	(Typed or printed name of person signing)
_	PD
_	(Title of person signing)

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