

| (Requestor's Name) |
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| (Business Entity Name) |
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R. WHITE
JUN 1 3 2018





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2018

EGLISE EVANGELIQUE BAPTISTE DE LUMIERE, INC. PO BOX 381805 MIAMI, FL 33238

SUBJECT: EGLISE EVANGELIQUE BAPTISTE DE LUMIERE, INC.

Ref. Number: N03000008946

We have received your document for EGLISE EVANGELIQUE BAPTISTE DE LUMIERE, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$35.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 618A00005571

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | EGLISE | EVANGELIOU | E BAPTISTE | DE LUMI | ERE, INC |
|-----------------------------------|--|--|--|------------------|----------|
| DOCUMENT NUMBER: | N0300000 | 18946 | | | _ |
| The enclosed Articles of Amend | ment and fee are subn | nitted for filing, | | | |
| Please return all correspondence | concerning this matte | r to the following: | | | |
| | | U RICHARD | | | |
| | - | (Name of Contact Person) | 1 | | _ |
| | EGLISE | EVANGELIQUE | BAPTISTE | DE LUMIE | RE, INC |
| | | (Firm/ Company) | | | |
| 7194 | NW 6TH | CT MIAM (Address) | 1, FL 331 | 50 | _ |
| | | MIAMI, FL | 33150 | | _ |
| | | (City/ State and Zip Code |) | | |
| ϵ | ealise lumier | eegmail. com | า | | |
| E-ma | il address: (to be used | for future annual report n | otification) | | _ |
| For further information concerni | ng this matter, please | call: | | | |
| SEUL-DIEU 6 | ZICH ARD | at | 305 - 205 - 2 | 893 | _ |
| | me of Contact Person |) (Arc | ea Code) (Daytime T | elephone Number) | |
| Enclosed is a check for the follo | wing amount made pa | yable to the Florida Depar | tment of State: | | |
| 🕱 S35 Filing Fee 🗆 | S43.75 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) | | |
| Mailing Addi | | | Address | | |
| Amendment S Division of Co | | | ment Section of Corporations | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment

18 JUN 12 AM 9: 54



| | Articles of Incorporat of | | i i i i i i i i i i i i i i i i i i i | | | FLORIDA FLORIDA | |
|---|---|-----------------------------|---------------------------------------|--------------------|--------------|--------------------|---------------------|
| EGLISE | EVANGELIQUE | E BA | PTISTE | ŊΕ | Lur | NIERE | , INC |
| · · · · · · · · · · · · · · · · · · · | (Name of Corporation | | | the Flori | da Dept. | of State) | <u></u> |
| | N0300 | 0000g | 1946 | | | _ | |
| <u>-</u> | (Docu | ment Numb | per of Corpora | ition (if kn | own) | | |
| imendment(s) to its Art | | | | la Not Foi | Profit Co | orporation (| adopts the followin |
| | enter the new name of the | | | E, 11 | IL | | The nev |
| name must be distingui. | shable and contain the wor | d "corpora | ition" or "inc | orporated | " or the a | bbreviation | "Corp" or "Inc. |
| <u>'Company'' or "Co." i</u> | nay not be used in the nam | <u>1e</u> . | | | | | |
| | al office address, if applica | | | | - | | - |
| Principal office adare | ss <u>MUST BE A STREET 2</u> | HDDAC33 | | | | <u>-</u> . | <u> </u> |
| | | | | | | | |
| | | | | | | | |
| | <u>g address, if applicable:</u> <i>IAY BE A POST OFFICE</i> | (<u>BOX</u>) | P. C |). <u>ල</u> | XOX | 3818 | 05 |
| _ | | | m | iami. | FL | 332 | 138 |
| | | | · | / - | | | · <u>-</u> |
| | | | | | | | <u> </u> |
|). If amending the re | gistered agent and/or regent and/or the new registe | istered off | ice address in | . Flori <u>da,</u> | enter the | name of th | <u>e</u> |
| - | | reg office | <u>auu (55.</u> | | | | |
| <u>Name</u> | e of New Registered Agent | | | | | <u>.</u> | <u> </u> |
| | | | <u>.</u> | (17) | orida street | oddeas) | |
| <u>Nev</u> | « Registered Office Address | <u>:</u> | | (1.11 | orium sireer | uaur essy | |
| | | | | | | . Florid | a |
| | | | (City) | | | | Code) |
| New Registered Agen hereby accept the app | t's Signature, if changing pointment as registered age | Registered nt. l am fa | l Agent: amiliar with a | nd accept | the oblige | itions of the | position. |
| | | | | | | | |
| | | | Signature of N | lew Regist | ered Ager | n, if changi | ng |

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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---------------------------------------|-----------------|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | | | |
| Remove | | | |
| 2) Change | . | | |
| Remove | | | |
| 3) Change Add | | | |
| Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add Remove | | | |

| If amending or adding additional (attach additional sheets, if necessor | I Articles, enter chi ary). (Be specific) | ange(s) here: | | | |
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| | date of each amendment(s) adoption: $6 - 308$, if other than the this document was signed. |
|------|--|
| Effe | ctive date <u>if applicable</u> : (no more than 90 days after amendment file date) |
| | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the iment's effective date on the Department of State's records. |
| Ado | ption of Amendment(s) (<u>CHECK ONE</u>) |
| 汝 | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |
| | 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 $_{-}6-6{2019}$ |
| | Signature_Sent Dien hichard |
| | (By the praction 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 tiduciary by that fiduciary) |
| | SEUL DIEU RICHARD (Typed or printed name of person signing) |
| | Citile of person signing) |