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2023 HAY 22 PH 1: 40

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	The Power of God Fo	oundation INC				_
57 DOCUMENT NUMBER:	-1204617					_
The enclosed Articles of Amen	dment and fee are subr	nitted for filing.				
Please return all correspondence	ce concerning this matte	er to the following:				
JEAN SAINTUNY						
		(Name of Contact Pe	erson)			_
THE POWER OF GOD FOUN	DATION INC					
	<u> </u>	(Firm/ Company	·)			_
652 NEUMANN VILLAGE C	Т					
		(Address)				_
OCOEE, FLORIDA 34761						
		(City/ State and Zip (Code)			_
info@thepowerofgodonline.co	m					
E-m	ail address: (to be used	for future annual rep	ort notification	i)		_
For further information concern	ning this matter, please	call:				_
JEAN SAINTUNY, OR MICH	at	321	276-8410	SECE	2623 HAY	
(N	ame of Contact Person)	•	(Area Code)	(Daytime Telephone	Number);	
Enclosed is a check for the foll	owing amount made pa	yable to the Florida I	Department of	State:	₹ 2	7.7
□ \$35 Filing Fee □	1\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status led Copy lional Copy is used)	SHISTATE SEE, FL	1: 40
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	An Div Th	eet Address lendment Sectivision of Corpo e Centre of T 15 N. Monroe	orations		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE POWER OF GOD FOUNDATION INC.

57-1204617					
(Досип	ent Numb	er of Corpor	ation (if known)		_
tursuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Flori</i>	da Not For Profit	Corporation adopts th	e following
. If amending name, enter the new name of the	corporati	ion:			
I/A					The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		ion" or "inc	corporated" or the	abbreviation "Corp."	
. Enter new principal office address, if applica	ble:	N/A			
rincipal office address MUST BE A STREET A)			
					_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	B <i>OX</i>)	N/A			
					_
. If amending the registered agent and/or regis	tered offic	e address i	n Florida, enter ti	e name of the	
new registered agent and/or the new register	ed office a	ddress:			
Name of New Registered Agent:	N/A				- TSE
					근감
			(Florida stree	t address)	- [2]
New Registered Office Address:					苏王
	N/A			, Florida	
		(City)		(Zip Code)	- 0
ew Registered Agent's Signature, if changing Reserved accept the appointment as registered agent			nd accept the oblig	gations of the position.	FAR
-	Siz	gnature of N	ew Registered Age	nt, 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Saily Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add	<u>S</u>	-	MICHELLE SAINTUNY	652 NEUMANN VILLAGE CT OCOEE, FL 34761
Remove				
2) Change Add		_		
Remove 3) Remove Add Remove		_		
4) Change Add		_		
Remove 5) Change Add		_		DECKET SECKET TALLAHA
Remove 6) Change Add		_		SIME SIME
E. If amending or adding (attach additional sheet)			cles, enter change(s) here: (Be specific)	
the making of distribution	ns to orga	nizations	or charitable, religious, educational, and sciential that qualify as exempt organizations describe ction of any future federal tax code.	
				· · · · · · · · · · · · · · · · · · ·

was/were sufficient for approval.

_	05/17/2023	
Dated		_

Signature Jean SAINTUNY

(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)

JEAN SAINTUNY

(Typed or printed name of person signing)

JEAN SAIN FUNY
(Title of person signing)