## M050000077112

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2021 SEP 21 PH 12: 57

A. Butter

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION		WSHIP M.B.C. EXTE	ENDED HANI	OS MINISTRIES, INC.
NO DOCUMENT NUMBER:	05000007712			
The enclosed Articles of Amer	ndment and fee are sub	mitted for filling.		
Please return all corresponden	ce concerning this matt	er to the following:		
TL COVERSON				
		(Name of Contact Pe	rson)	_
TL COVERSON ACCOUNT	NG FIRM			
		(Firm/ Company	·)	
9999 NORTHEAST 2 AVEN	JE, SUITE 219			
		(Address)		,
MIAMI SHORES, FLORIDA	33138			
		(City/ State and Zip (	Code)	
TLCOVERSON@AOL.COM				
E-n	nail address: (to be use	d for future annual rep	ort notification	1)
For further information concer	ning this matter, please	cali:		
TL COVERSON		at	786-423-7991	
(1)	lame of Contact Persor	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made p	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee □	2843.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi S Certif	D Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing Ad Amendment			eet Address liendment Secti	іол

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

GREATER FELLOWSHIP M.B.C. EXTENDED	HANDS MINISTRIES, INC.	
(Name of Corporation as currently filed with the	Florida Dept. of State)	<del>2021 SEP-21PH 12:</del> 5
N05000007712		SECRET - COF STATE
(Docun	nent Number of Corporation (if known)	SECRET STATE STATE ALLAMOSSES. FL
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit C	orporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		The new bbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
	,	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	
D. If amending the registered agent and/or regis	stered office address in Florida, enter the	name of the
new registered agent and/or the new register		<u></u>
Name of New Registered Agent:	DERRICK SELDON	
	2601 NORTHWEST 65 STREET	A
	(Florida street	address)
New Registered Office Address:		
	MIAMI	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent:  t. I am familiar with and accept the obliga	utions of the position.
_	Signature of New Registered Agen	t. 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 officeredirector 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	PT         John De           V         Mike Jo           SV         Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	TRUSTI	PRUETT, HOSEA	PO BOX 473322 MIAMI, FL. 33247
2) Change Add	TREASI	DEAN, SHONTREYL	PO BOX 473322 MIAMI, FL. 33247
Remove	VP	PEOPLE, JOHN	PO BOX 473322 MIAMI, FL. 33247
4) Change	TRUSTI	WILLIAMS, CHAVIS	PO BOX 473322 MIAMI, FL. 33247
Remove 3) Change Add			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

		<u>_</u>
		<del> </del>
	<del></del>	<del></del>
_		
		-
The date of a characteristic of the second		te at take take
date this document was signed.		, it other than the
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be to of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes east for the amendment(s)	

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Dated	AUGUST 13, 2021	
1,2104	A . 1 A	
Signature	Chauma toh	usu
	By the chairman or vice chairman	of the board, president or other officer-if directors
	•	orporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary b	y that fiduciary)
	IOUNICONE CHATIN'IN'A	<b>4</b>
	JOHNSON, SHAUNINA	SHAUNINA JOHNSON
	(Туре	d or printed name of person signing)
	CHAIDBURGON	$\Delta$
	CHAIRPERSON	Shamma beken
		(Title of person signing)