## N0500011536

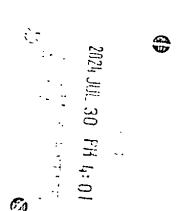
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

THE SINCLAIR MINISTRIES HOUSE OF FAITH INC.  SAME OF CORPORATION:
N05000011536 OCUMENT NUMBER:
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
MARLANE R. SINCLAIR
(Name of Contact Person)
THE SINCLAIR MINISTRIES HOUSE OF FAITH INC
(Firm/ Company)
431 SW 38 STREET
(Address)
HOLLYWOOD FLORIDA 33023
(City/ State and Zip Code)
BLESSEDIALL@AOL.COM
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
MARLANE R. SINCLAIR  at 954 663 - 4336  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certificate of Status  Certificate of Status  (Additional copy is enclosed)  ☐ \$35 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certificate of Status  Enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

	e Florida Dept. of State)	
N05000011536		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
MT ZION OF FAITH MINISTRIES $I_{nc}$		The nev
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		he name of the
D. If amending the registered agent and/or regis	stered office address in Florida, enter fi	
D. If amending the registered agent and/or registered agent and/or the new register		202
		2024 JU
new registered agent and/or the new register	ed office address:	2024 JUL 30
new registered agent and/or the new register  Name of New Registered Agent:	HAYDEN M. WILLIAMS  5431 SW 38 STREET  (Florida street)	2024 JUL 3C
new registered agent and/or the new register	HAYDEN M. WILLIAMS  5431 SW 38 STREET  (Florida street)	2024 JUL 3C
new registered agent and/or the new register  Name of New Registered Agent:	HAYDEN M. WILLIAMS  5431 SW 38 STREET  (Florida street)	702 JU 30 23 33022 33022 30020 30020 30020 30020 30020 30020 30020
new registered agent and/or the new register  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing I	HAYDEN M. WILLIAMS  5431 SW 38 STREET  (Florida streetholder)  (City)  Registered Agent:	rt address)  Florida  (Zip Code):
new registered agent and/or the new register  Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing I	HAYDEN M. WILLIAMS  5431 SW 38 STREET  (Florida streetholder)  (City)  Registered Agent:	rt address)  Florida  (Zip Code):
<u>Name of New Registered Agent</u> :	HAYDEN M. WILLIAMS  5431 SW 38 STREET  (Florida streetholder)  (City)  Registered Agent:	Florida  (Zip Code):  gations 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.

Example:  X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove	<u>P</u>	MARLANE R. SINCLAIR	5431 SW 38 STREET HOLLYWOOD FLORIDA 33023
2) Change Add	P	HAYDEN M. WILLIAMS	5431 SW 38 STREET HOLLYWOOD FLORIDA 33023
Remove  3 ) Change    Add    Remove			
4) Change Add			
Remove  5) Change     Add     Remove			
6) Change Add	<del></del>	<del>-</del>	
		nnal Articles, enter change(s) here: essary). (Be specific)	

The date of each amendment(s) adoption: 07/24/24 , if other than the date this document was signed.
Effective date if applicable: 06/25/2024
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	
$\Omega t = \Omega 1$	
Signature	
(By the chairman or have not been selec	vice chairman of the board, president or other officer-if directors sted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
HAYDEN M, W	/ILLIAMS
<del>-</del>	(Typed or printed name of person signing)
PRESIDENT	

## **COVER LETTER**

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Division of Corporations

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(Address)	
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