

N06000012711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

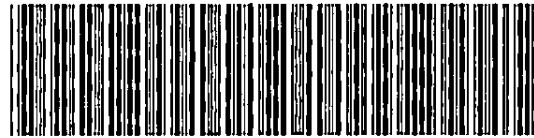
(Document Number)

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FILED  
2022 JUL -5 PM 1:57  
SECURITY OF  
TALLAHASSEE, FLORIDA

N/C

08/16/22

DC



RECEIVED

2022 JUL -5 PM 12:43

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2022

FRANTZ LAMOUR  
2145 S MILITARY TRAIL  
WEST PALM BEACH, FL 33441

SUBJECT: HOLY CHURCH OF GRACE, INC.  
Ref. Number: N06000012711

We have received your document for HOLY CHURCH OF GRACE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 022A00013712



## HOLY CHURCH OF GRACE

2145 S Military Trail WEST PALM BEACH 33415

407-967-9918 or 561-3185755

[www.holychurchofgrace.org](http://www.holychurchofgrace.org)

[Lovechurch03@gmail.com](mailto:Lovechurch03@gmail.com)

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### Re: Request for changing the name of the organization

To whom it may concern:

This letter is written to formally request a change of name for the organization. The current name of the organization is **Holy Church of Grace Inc.** The new name will be **Love Kingdom Inc** effective immediately. Should you have any questions, please contact us at 561 318-5755 or email us at [lovechurch03@gmail.com](mailto:lovechurch03@gmail.com).

In Christ Jesus

Frantz Lamour

Pastor

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Holy church of Grace Inc.

DOCUMENT NUMBER: ND6000012711

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANTZ LAMOUR  
(Name of Contact Person)

MLA  
(Firm/ Company)

12745 82nd St N  
(Address)

West Palm Beach FL 33412  
(City/ State and Zip Code)

~~FRANTZ~~ LOVECHURCH03@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANTZ LAMOUR at 561 927-2760  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Holy Church of Grace, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

H06000012711

(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:

A. If amending name, enter the new name of the corporation:

Love Kingdom Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2145 ~~XXXX~~ S Military Trail  
West Palm Beach, FL 33415

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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2022 JUL -5 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	<u>John Doe</u>	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

<u>Article 1</u>	<u>Change</u>	<u>John Doe</u>
<u>Article 2</u>	<u>Change</u>	<u>John Doe</u>
<u>Article 3</u>	<u>Change</u>	<u>John Doe</u>
<u>Article 4</u>	<u>Change</u>	<u>John Doe</u>
<u>Article 5</u>	<u>Change</u>	<u>John Doe</u>
<u>Article 6</u>	<u>Change</u>	<u>John Doe</u>
<u>Article 7</u>	<u>Change</u>	<u>John Doe</u>
<u>Article 8</u>	<u>Change</u>	<u>John Doe</u>
<u>Article 9</u>	<u>Change</u>	<u>John Doe</u>
<u>Article 10</u>	<u>Change</u>	<u>John Doe</u>

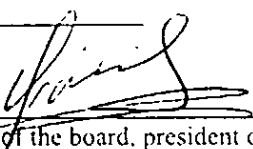
7 yes or no

- ☐ 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

4/10/2022

Signature

  
(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)

FRANTZ LAMOUR

(Typed or printed name of person signing)

Pastor / Pres.

(Title of person signing)