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(Re	questor's Name)	
(Ad	dress)	
		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	on:	eart	of the	briday.com	1 Church Inc	
DOCUMENT NUMBER:	N100	0000 8	471	·		
The enclosed Articles of An	nendment and fee are sub	mitted for fil	ing.			
Please return all correspond	ence concerning this mat	ter to the follo	owing:			
Aı	vard Simps	(Name of C	ontact Persor	n)	·	
	lant of th					
20	007 W:11:	ams (Ad	Rd (dress)			
-	Tallassee, F	(City/ State	3// and Zip Code	e)		
	Pastoras:	Man C d for future a	Ogma: hnugi report i	licens or hach	ut church 11860 gm	ω:1. c
For further information con	cerning this matter, please	e call:				
Award	S: m/son (Name of Contact Person	1)	at	850 - 345 - 460 ea Code) (Daytime Te	<u>65 or 850-</u> 309 lephone Number)	1-06
Enclosed is a check for the	following amount made p	ayable to the	Florida Depa	irtment of State:		
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status		al copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing A	Address			Address		

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

FILED

	Of .				
Heart of H	he Bridey	com	Churc	2020 AUG 24	AM 9: 14
(Name of Corporation as currently filed with the Flor	ida Dept. of State)				
NIVOQUOL	8471			SECRETARY TALLAHAS	OF STATE SSEE, FL
(Document N	umber of Corporati	on (if knov	vn)		-
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida</i>	Not For P	rofit Corpor	ation adopts the f	ollowing
A. If amending name, enter the new name of the corp	oration:				
					The new
name must be distinguishable and contain the word "cor	poration" or "incor	porated" c	or the abbrev	riation "Corp." o	r "Inc."
"Company" or "Co." may not be used in the name.					
B. Enter new principal office address, if applicable:		2002	Willia	ins hol	
(Principal office address MUST BE A STREET ADDR.	<u>ESS</u>)	- 11 1		Fl 3231	i
		iallah	asset,	P1 5251	<u></u>
C. Enter new mailing address, if applicable:	7	002	. All	01	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		002	Willed	ms Ka	
	<u> </u>	allaha	3528. A	ms Rd 4 32311	
			,		
	-				
D. If amending the registered agent and/or registered	office address in I	lorida, en	ter the nam	e of the	
new registered agent and/or the new registered off					
Name of New Registered Agent:					
Nume of New Neglitered Agent.					
New Registered Office Address:		(Floria	a street address	()	
new negative a coffice mariens.					
			 ,	Florida	
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing Regist	ered Avent:				
I hereby accept the appointment as registered agent. I a	m familiar with and	accept the	obligations	of the position.	
	Signature of New	Registere	d Agent, if cl	anging	

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 John I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add		Vanesca Christian	1543 Breunstane Ridge Tallahasser, Fl 323/2
Remove 2) Change Add		Crystal Williams	402 gaither dy Tallahassel, A 32305
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add		.	
Remove 6) Change Add			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	<u></u>
			

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

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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 8/19/2020
Signature (By the chairman or vice thairman 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)
Award Simpson
(Typed or printed name of person signing)
(Title of person signing)