

(Re	equestor's Name)
`	,
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	/ WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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SECRETARY OF STANDALL AHASSEE FILE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	groom Church, INC		
N1000008471 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st			
Please return all correspondence concerning this ma	atter to the following:		
Award Siimpson			
	(Name of Contact Per	son)	
Heart of the Bridegroom Church, INC			
·	(Firm/ Company)		<u> </u>
2002 Williams Rd			
	(Address)		
Tallahassee, FL 32311			
	(City/ State and Zip C	ode)	
pastorasimpson@gemail.com or heartchurch118@			
E-mail address: (to be us	sed for future annual repo	ort notificatio	n)
For further information concerning this matter, plea	ise call:		
Award Simpson	at _	850	345-4665
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	epartment of	State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Statu		Certi: Certi: (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	et Address endment Sec ision of Corp Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Heart of the Bridegroom Church, INC	
(Name of Corporation as currently filed with the Florida I	Dept. of State)
N10000008471	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corporation</i> adopts the following
A. If amending name, enter the new name of the corporat	ion:
	Тће леw
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
	2002 Williams Rd
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	Tallahassee, FI. 32311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2002 Williams Rd
islaning duaress <u>sover provinces continues.</u>	Tallahassee, Ft. 32311
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	<u>adress:</u>
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	(Cumau street address)
	. Florida
	(City) , Florida , Florida , Cap Code) : .
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.
	ignature of New Registered Agent, 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	PT John Do V Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>D</u>	Shirley Ross	183 Cotellier Ch. Tallabassor, FL 32312
Remove 2) Change Add			
Remove Change Add Remove	1	Harold Ross	TRIVELESSEC, EL. 37-313
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove E. If amending or addit (attach additional sheet)	ng additional Arti	icles, enter change(s) here: (Be specific)	

	
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The date of each amendment(s) adoption: S/11/2-02/	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	-
	11
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	II not be listed as the

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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 8/11/1-2
Signature Alling Risk
(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)
SHIKLEY ROESC
(Typed or printed name of person signing)
(Title of person signing)
(The of person signing)