

712000001098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

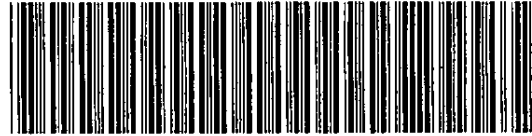
(Business Entity Name)

(Document Number)

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*[Signature]*  
JUN 03 2016  
T. LEMIEUX

L' EGLISE DE DIEU UNION DES SAINTS INC

15327 NW 7<sup>TH</sup> AVENUE

MIAMI, FL 33168

PHONE NUMBER. 786-02948926

05/24/2016

TO

AMENDMENT SECTION

DIVISION OF CORPORATION

P.O. BOX 6327

TALLAHASSEE, FL 32314

COVER LETTER REQUESTING FOR RETURN

Please receive this letter included within a money order for \$ 52.50 filling fee for acknowledgment of letter, certificate of status, certified copy, and certificate copy of all document of this amendment to be return and mail to me at the address listed in this letter. Please all correspondence should be returned to the following address: 15327 mw 7<sup>th</sup> avenue, Miami, FL 33168

Should you have any concern about the filing of this amendment.

Sincerely

A handwritten signature in black ink, appearing to read "Jhony Bellande", written in a cursive style.

Jhony Bellande, President, Pastor

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GOD'S CHURCH OF SANCTIFICATION AND COMMUNITY CENTER INC

DOCUMENT NUMBER: N12000001098

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

Please return all correspondence concerning this matter to the following:

REV.ROMANIS CHARLES, PASTOR

(Name of Contact Person)

L' EGLISE DE DIEU UNION DES SAINTS, INC

(Firm/ Company)

15327 NW 7TH AVENUE

(Address)

MIAMI, FL 33168

(City/ State and Zip Code)

UNITY764@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMANIS CHARLES

786

294-8926

at

(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 checked="" 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

GOD'S CHURCH OF SANCTIFICATION AND COMMUNITY CENTER, INC

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

N12000001098

(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:

L'EGLISE DE DIEU UNION DES SAINTS, 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:

15327 NW 7TH AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33168

C. Enter new mailing address, if applicable:

15327 NW 7TH AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33168

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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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**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 checked="" type="checkbox"/> Change	<u>P</u>	<u>JHONY BELLANDE</u>	<u>14897 NE 18TH AVENUE</u>
<input type="checkbox"/> Add			<u>APT 101</u>
<input type="checkbox"/> Remove			<u>NORTH MIAMI, FL 33181</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>ROMANIS CHARLES</u>	<u>15501 NE 6TH AVENUE</u>
<input checked="" type="checkbox"/> Add			<u>NORTH MIAMI, FL 33162</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>BRIGITTE JOSEPH</u>	<u>15501 NE 6TH AVENUE</u>
<input checked="" type="checkbox"/> Add			<u>NORTH MIAMI, FL 33162</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>NADYA BELLANDE</u>	<u>14897 NE 18TH AVENUE</u>
<input type="checkbox"/> Add			<u>APT 101</u>
<input type="checkbox"/> Remove			<u>NORTH MIAMI, FL 33181</u>
5) <input type="checkbox"/> Change	<u>AT</u>	<u>LUC LOUISSAINT</u>	<u>14897 NE 18TH AVENUE</u>
<input checked="" type="checkbox"/> Add			<u>APT 101</u>
<input type="checkbox"/> Remove			<u>NORTH MIAMI, FL 33181</u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

05/20/2016

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

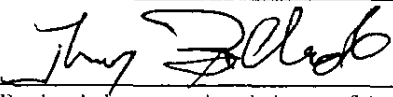
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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.
- ☒ 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 05/24/2016 \_\_\_\_\_

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)

JHONY BELLANDE  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT, REV. PASTOR  
\_\_\_\_\_  
(Title of person signing)