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| (R | equestor's Name) | |
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| (A | ddress) | |
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| (C | ity/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Na | me) |
| (D | ocument Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| HOLY GHOST REVIVAL WORS | HIP CENTER INC | | |
|--|--------------------------|----------------------|------------|
| NAME OF CORPORATION: | | <u> </u> | |
| N12000006741 | | | |
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are submitted for filin | g. | | |
| Please return all correspondence concerning this matter to the follow | ving: | | |
| RICHARDSON, WILAMAE B | | | |
| (Name of Cor | ntact Person) | | |
| HOLY GHOST REVIVAL WORSHIP CENTER INC | | | |
| (Firm/ Co | ompany) | | |
| 22724 SW 114 CT | | | |
| (Add | ress) | - | |
| MIAMI, FL 33170 | | | |
| * (City/ State a | nd Zip Code) | | |
| E-mail address: (to be used for future and E-mail address) (to be us | | | 25 |
| E-mail address: (to be used for future and | nual report notification | <u></u> | <u>\$</u> |
| For further information concerning this matter, please call: | | | ι · |
| Wilamae B. Richardson | 786 | 319-8700 | P |
| (Name of Contact Person) | (Area Code) | (Daytime Telephone N | vumber > 2 |
| Enclosed is a check for the following amount made payable to the F | lorida Department of | State: | |
| ☐ \$35 Filing Fee | | Filing Fee | |

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Certificate of Status

Certified Copy (Additional Copy is

Enclosed)

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| HOLY GHOST REVIVAL WORSHIP CENTER | ٦r | ER. | CENT | DRSHIP | _ | VIVAL | RE | ost | GH | HOLY: | |
|-----------------------------------|----|-----|------|--------|---|-------|----|-----|----|-------|--|
|-----------------------------------|----|-----|------|--------|---|-------|----|-----|----|-------|--|

| Name of Corporation as currently filed with the Florida N12000006741 | Dept. 01 State) | |
|--|--|----------------|
| (Document Num | ber of Corporation (if known) | _ |
| Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation: | ites, this <i>Florida Not For Profit Corporation</i> adopts the | he followin |
| A. If amending name, enter the new name of the corpora | <u>ition:</u> | |
| | | The new |
| name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name. | | " or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 10053 W Kumquat Street | _ |
| | MIAMI, FL 33157 | |
| C. Enter new mailing address, if applicable: | 10053 W Kumquat Street | - 25 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | 438 P |
| | Miami, Florida 33157 | _ |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | | PM 3: 2 |
| Name of New Registered Agent: | | - - |
| New Registered Office Addr <u>ess</u> : | (Florida street address) | <u>.</u> |
| | . Florida | |
| | | |
| New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f | d Agent: Camiliar with and accept the obligations of the position | 1. |
| | Signature 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 Sn | <u>nes</u> | |
|--|--|--|------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change Add | <u>VP</u> | SANDS, DAVID ALLEN, Sr. | 22724 SW 114 CT MIAMI, FL 33170 |
| X Remove 2) X Change Add | Treas | Sherman, PHILIP | 22724 SW 114 CT MIAMI, FL 33170 |
| X Remove 3) Change Add Remove | <u>Treas</u> | RICHARDSON, WILAMAE RICHARDSON | 22724 SW_114 CT WIAMI, FL 33170 |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6)ChangeAdd | | | |
| Remove E. If amending or additional shee | | cles, enter change(s) here: (Be specific) | |
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| date this document was signed. | doption: | , if other than the |
| Aug Effective date <u>if applicable</u> : | ust 23rd 2025 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the De | ck does not meet the applicable statutory filing requirements, this date will partment of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ac was/were sufficient for approva | dopted by the members and the number of votes east for the amendment(s) al. | |

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Docusign Envelope ID: 2D4C3005-69AC-421A-B169-4D2DD67D0A7D

| Dated | |
|-----------|--|
| | Signed by: Wilamae B. Richardson |
| Signature | By the 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) |
| | Wilamae B. Richardson |
| | (Typed or printed name of person signing) |

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were