NII 000005025

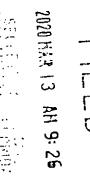
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Amend

MAR 2.7 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	i:	LIFE CITY C	HURCH, INC.	
DOCUMENT NUMBER:	N15000005025			
The enclosed Articles of Amer	adment and fee are subn	nitted for filing.		
Please return all corresponden	ce concerning this matte	er to the following:		
		DELIANA MUNOZ	Z	
<u> </u>		(Name of Contact Pe	rson)	
<u> </u>		(Firm/ Company	<u> </u>	
	,	, ,		
		10 KAYS LANDING	т DK.	
		(Address)		
		SANFORD, FL 327	71	
		(City/ State and Zip (Code)	
	DELI	ANAROJAS@HOT	MAIL.COM	
E-n	nail address: (to be used	for future annual rep	ort notification)
For further information concer	ning this matter, please	call:		
DE	LIANA MUNOZ	at	786-282-8989	
4)	ame of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fol	owing amount made pa	yable to the Florida I	Department of S	State:
■ \$35 Filing Fee	343.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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 Articles of Incorporation

Articles of	of Amendment to of Incorporation of CHURCH, INC.	Boltz of
	5000005025	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, mendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation	•	Corporation adopts the following
	UNDATION, INC.	<i>Ti.</i>
name must he distinguishable and contain the word "corporatio "Company" or "Co." may not be used in the name.	on" or "incorporated" or the o	The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	310 Kays	Landing Dr.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Sanford	. FL 32771
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same a	as above
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office additional and the new registered of th		e name of the
New Registered Office Address:	(Florida street	address)
	(2:)	
	(City)	(Zip Code)

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

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

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		N/A	
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
N/A			
			
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The date of each amendment(s) adoption	n:			_, if other than the
date this document was signed.				_
Effective date if applicable:	(no more than 90 days af	03/09/2020		
******	(no more than 90 days af	ter amendment file date)		
Note: If the date inserted in this block do document's effective date on the Departm		statutory filing requiren	nents, this date will not	be 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)	

]	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 03/09/2020
	Signature (By the chairman or vice chairman of the board, pusident 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)
	DELIANA MUNOZ
	(Typed or printed name of person signing)
	VPSD

(Title of person signing)