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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: 1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) (W) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Elorida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

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

Enclosed)

(Additional Copy is

Articles of Amendment to

Articles of Incorporation of

God's House o	& Somon 1	Church]	NC
(Name of Corporation as currently filed with the F	orida Dept. of State)		
NIST	1.MMN 787.3		
(Documen	t Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	er Profit Corporation adop	ets the following
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	I" or the abbreviation "Co	orp," or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u> </u>		
			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		
			 .
			·
D. If amending the registered agent and/or register		enter the name of the	Ç.)
new registered agent and/or the new registered	office address:	- 	. co
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		·
	(F)	lorida street address)	
New Registered Office Address:	,,,	or the sections.	
_	2,2***. 1	, Florida	<i>(</i> .)
	(City)	(Zip Coa	(e)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the posi	ition.
	Signature of New Regist	ered 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	<u>V</u> <u>Mil</u>	<u>n Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	SEC	Larry Williams	1100 Kns Rd # 278
2) Change Add			
Remove 3) Change	5 <u>1C /D</u>	(Hristine Williagon	1100 Kings Rd # 2788
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			 <u> </u>
		Articles, enter change(s) here: y). (Be specific)	
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The date of each amendment(s) adopti	2004/1	Tyre! &	•		, if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	/			If other that the
Effective date if applicable:	(no mara than 0	0 days after amen	dment 61a date)		
	(no more man y	o aays ajter umen	iment jue date)		
Note: If the date inserted in this block document's effective date on the Department.	oes not meet the a nent of State's rec	pplicable statutory ords.	filing requirements	, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>i</u>)			
The amendment(s) was/were adopte	ed by the members	s and the number of	of votes east for the a	imendment(s)	

was/were sufficient for approval.

Dated	- 39/24
Signature	Mary Clo
-	(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)
	Christine Williams
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

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