## 0P21000001290

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<u>-</u>
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## **COVER LETTER**

PYayer Assembly NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juliette Henry Kersaint

(Name of Contact Person)

The prayer Assembly For further information concerning this matter, please call: ontact Person) at 361-708-3809 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: 15 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) (Additional Copy is Enclosed)

**Mailing Address** 

TO: Amendment Section Division of Corporations

> 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 to	JAK	FILED
the Drayer A	Articles of Incorporation of	5 <sub>N</sub> (185) ASS 01	none Inc
Name of Corporation as currently filed with the	Florida Dept. of State	S	ECRETARY OF STATE TALLAHASSEE, FL
	ent Number of Corporation (i		
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not</i>	For Profit Corpor	ration adopts the following
A. If amending name, enter the new name of the	corporation:		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		ited" or the abbrev	viation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicate</u> (Principal office address <u>MUST BE A STREET AI</u>		A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE E</u>	BOX)	<u> </u>	
D. If amending the registered agent and/or registered registered agent and/or the new registered		da, enter the nam	<u>e of the</u>
Name of New Registered Agent:	11/	4	
New Registered Office Address:	(City)	iFlorida street addres	s) Florida (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ept the obligations	of the position.
_	Signature of New Reg	gistered Agent, if cl	hanging MAT

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 Je           SV         Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	5_	Julie sime	Sealary
Remove  2) Change Add	<u>5ec</u> R	Julie sime	2405 NW 39th les joudensule, Lake, FC
Remove Change Add Remove			J-J2() *
4) Change Add	<del></del>		
Remove  5)ChangeAddRemove			
6) Change Add			
E. If amending or addin (attach additional shee	ig additional Arti	icles, enter change(s) here: (Be specific)	

i /
The date of each amendment(s) adoption: $\frac{51632}{16132}$ if other than the date this document was signed
The date of each amendment(s) adoption: 5 16 3 3
Effective date if applicable: 5 //6/27 (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.

, d	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 5/16/27
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors
	bave not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  Outlined House Work Const.
	(Typed or printed name of person signing)
	(Title of person signing)