N1700000 8341

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	SUN CITY EKKLESI	Α			
	7000008341				
DOCUMENT NUMBER:					
The enclosed Articles of Amen	dment and fee are submi	itted for filing.			
Please return all correspondenc	e concerning this matter	to the following:			
NICOLE BENZO					
	(Name of Contact Person	on)		_
OUR HEALING VILLAGE IN	CORPORATED				
		(Firm/ Company)			_
9106 MARSDEN ST					
		(Address)	.		_
JACKSONVILLE FL 32211					
	(1	City/ State and Zip Co	de)		_
nicolesbenzo@gmail.com					
E-m	ail address: (to be used f	or future annual repor	t notification)	-
For further information concerr	ing this matter, please ca	all:			
NICOLE BENZO		9 at	04	874-9755	
(N	ame of Contact Person)		Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the follo	owing amount made pay:	able to the Florida De	partment of S	State:	
☐ \$35 Filing Fee	S43.75 Filing Fee & C Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Add	ress	Stree	t Address		

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUN CITY EKKLESIA INCORPORATED

(Name of Corporation	as current	ly filed with the Florida Dep	t. of State)
N17000008341			
(Docum	nent Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute:	s, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the	corporati	on:	
OUR HEALING VILLAGE INCORPORATED			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		NOT APPLICABLE	
(Frincipal office address MOST BE A STREET AT	DDKESS)	<u> </u>	
			019
C. Enter new mailing address, if applicable:	DOV.	NOT APPLICABLE	12
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u>80x</u>)		
			T)
			<u>:</u>
D. If amending the registered agent and/or regis new registered agent and/or the new registered			ne name of the
Name of New Registered Agent:	NICOLE	BENZO	
Name of New Neglistered Agent.	9106 MA	RSDEN ST	
New Registered Office Address:		(Florida stree	et address)
	JACKSON	NVILLE	Florida 32211
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			gations of the position.
		Inde De	7
	'Si	nature of New Registered Ago	e ht , if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

۲.	If amending or adding additional Article (attach additional sheets, if necessary).	(Responsible)
	(attach additional sheets, if necessary).	(Be specific)
_		
		<u> </u>
-		
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_		
		

JULY 17, 2019 , if other than the The date of each amendment(s) adoption: date this document was signed. JULY 17, 2019 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. JULY 17, 2019 Dated 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) NICOLE S BENZO (Typed or printed name of person signing) VICE PRESIDENT (Title of person signing)