N17000086666

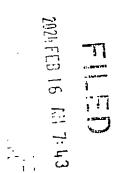
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COVER LETTER

TO: Amendment Section Division of Corporations

C3 History Makers Church, Inc.

NAME OF CORPORATION:	· · · · · · · · · · · · · · · · · · ·
N17000008666	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma Emma Mullings	atter to the following:
	(Name of Contact Person)
History Makers Church, Inc.	
	(Firm/ Company)
2114 N. Flamingo Road #1180	
	(Address)
Pembroke Pines, FL 33028	
	(City/ State and Zip Code)
emma@historymakers.church	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	se call:
Emma Mullings	(954) 544-0981
(Name of Contact Person	on) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Cartified Copy (Additional copy is enclosed) □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

Articles of Amendment to Articles of Incorporation of

C3 History Makers Church, Inc.

FILED

(Name of Corporation as currently filed with the Flori N17(XXXX)8666	da Dept. of State)	2024 FEB 16 AM 7: 4
(Document N	umber of Corporation (if know	n)
Pursuant to the provisions of section 617,1006, Florida St amendment(s) to its Articles of Incorporation:	·	•
A. If amending name, enter the new name of the corp	oration:	
History Makers Church, Inc.		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated" o	
	N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered	office address in Florida, ent	er the name of the
new registered agent and/or the new registered off		the same of the
N/A <u>Name of New Registered Agent:</u>		
N/A		
		i street uddressi
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registo		
I hereby accept the appointment as registered agent. I a	m familiar with and accept the	obligations of the position.
	Signature of New Registered	I Saont 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>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			
Remove			
2) Change Add	 		
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		 	
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ng additions, if nece	onal Articles, enter change(s) here: essary). (Be specific)	

		
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		 _
		
<u> </u>		
The date of each amendment(s) adoption date this document was signed.	:, i	f other than the
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)	
()	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	anot meet the applicable statutory filing requirements, this date will not be left of State's records.	isted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by 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 02 09 2020
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)
Terrence Mucinas
(Typed or printed name of person signing)
0 . 1 . 1
In side of
(Title of person signing)

and the state of