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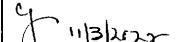
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EGLISE	TABERNACLE DE SANCTIFICATION IN
DOCUMENT NUMBER:	07732
The enclosed <i>Articles of Amendment</i> and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ODE R	(Name of Contact Person)
EGUSE TABERNACLE D	Firm/ Company)
6125 ARUNDEI D)RIVE (Address)
Orlando, FL 328	City/ State and Zip Code)
Decomeus C E-mail address: (to be us	D UCIND - COM ed for future annual report notification)
For further information concerning this matter, plea	se call:
ODE ROMEUS (Name of Contact Perso	at 407 - U31 - 1958 (Area Code) (Daytim: 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	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida D	Dept. of State)	7022 C 127 FM 4
EGISE TABERNACLE DE S (Document Number	SANCTIFICATION IN	C
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation	n adopts the following
A. If amending name, enter the new name of the corporati	i <u>on:</u>	TT 0.1.
EGIISE TABERNACLE DE SAN name must be distinguishable and contain the word "corporat" (Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	10328 West Colonial	Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	orlando, FL 32818	
	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6329 West colonical	Drive
	Orlando FL 32818	
	,	
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of	the
new registered agent and/or the new registered office a		
Name of New Registered Agent: \\ \/ \A		
NIA		
New Ragistered Office Address:	(Florida street addvess)	
NIA	, Flo	rida
		ip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		he position.
Sig	gnature of New Registered Agent, if chang	ging

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 E V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>S</u> _	OCCIUS Romeus	944 lake Sherwood Dr Orlando F1 32818
Remove 2) Change Add	<u>S</u>	FLorence Romeus	6125 Arundel Dr.
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			
		ticles, enter change(s) here: (Be specific)	
I SIMPLY WISH TO	DO THE NAMI	E CHANGE.	

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The date of each amendment(s) adoption: 07-15-2022	
The date of each amendment(s) adoption: $O + -1S - 2022$ date this document was signed.	, if other than the
Effective date if applicable: 07-15-2020 (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 document's effective date on the Department of State's records.	not be listed as the
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.	

•	Dated 07-15-22
	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)
	ODE ROMEUS (Typed or printed name of person signing)
	(1) sped of printed fiathe of person signing)