N19000011128

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	The Bona Fide Chur	rch, Inc.		
	N19000011128			
DOCUMENT NUMBER:				
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	er to the following:		
Ehihi Aigbefo Dominion				
		(Name of Contact Per	rson)	
		(Firm/ Company)	
1183 Bentley Rd, Unit 1				
		(Address)		<u> </u>
Leesburg, Florida 34748				
		(City/ State and Zip (Code)	,
meetdominion@gmail.com	ı			
	E-mail address: (to be used	for future annual rep	ort notification	n)
For further information con	cerning this matter, please	call:		
Ehihi Aigbefo Dominion		at	(352)	444 4313
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida D	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing	å ddwsen	Com.	ant Address	

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



The Bona Fide Church, Inc.

(Name of Corporation as currently filed with the Florid	da Dept. of State)
N19000011128	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	pration;
N/A	The nev
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	(35)
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 8, 399 E Burleigh Blvd, Tavares, FL 32778
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	,
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, no 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each C 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. 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 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>nes</u>	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>S</u>	Pelemo Jesright J.	3826 Gathering Dr. Apt 80A Orlando, FL 32817
X Remove			
2) Change Add	<u>T</u>	Achegbulu Jonathan	1009 Ferndell Rd, Orlando FL 32808
X Remove 3) Change Add Remove			
4) Change Add			
Remove 5)ChangeAddRemove			
6) Change Add			
E. If amending or adding (attach additional shee		cles, enter change(s) here: (Be specific)	

	<u></u>	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other
N/Δ		
Effective date if applicable:	(no mount has 00 days after any surface of file days)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	listed a:
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
was were surnerent for approval.		

There are no memladopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	June 15 2020
Signature	S/ TIMES
	(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)
	Ehihi Aigbefo Dominion
	(Typed or printed name of person signing)
	President/Founder
	(Title of person signing)