119000012349

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2021

GOLGATHA CHURCH OF GOD INC. 6480 N DIXIE HWY BOCA RATON, FL 33487

SUBJECT: GOLGATHA CHURCH OF GOD INC.

Ref. Number: N19000012349

We have received your document for GOLGATHA CHURCH OF GOD INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00028446

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

Division CC at D.O. DOV COOR WILL BLUE COOR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: (OCCATIVA CHUTCH OF WWW.)	_
DOCUMENT NUMBER: N 19 0000 12349	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Finatte Dieyuste	
(Name of Contact Person)	
GOLGOTHA Church of GOO Sanctified inc	
6480 N. Dixie Hy	
(Address)	_
Boxa Parton FL 33487 (City/ State and Zip Code)	
(City/ State and Zip Code)	
Lamad GABAR 12 @ Gmail (0M) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Finotte Diegoste = 561-403=4106	
(Name of Contact Person) (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 & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certified 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

GOL Watha Churd	n of 6000 in	UC
(Name of Corporation as currently filed with the Florida l	Dept. of State)	
N19000012349		
(Document Numb	er of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pi</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corporate Color of Coname must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ood Sanct	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		70.72 77.51
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Florida, en	ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida	a street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		obligations of the position.

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, 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 Do Mike Jo Sally St	<u>ones</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
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 addit (attach additional shee	ig additions, if nece	onal Arti	icles, enter change(s) here: (Be specific)	
				

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The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirements, ent of State's records.	this date will 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.

, □ The	ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
ado	opted by the board of directors.
	Dated $11/30/2$
	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)
	Christian Charles (Typed or printed name of person signing)
	president
	(Title of person signing)