N19000012349

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TO: Amendment Section Division of Corporations

Golgotha Church of NAME OF CORPORATION:	God Sanctified INC			
N19000012349				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Finotte Dicujuste				
	(Name of Contact Po	erson)		
Golgotha Church Of God Sanctified INC				
	(Firm/ Company	y)		
6480 N dixie hwy				
	(Address)			
Boca Raton Florida 33487				
	(City/ State and Zip	Code)		
lamadgabar12@gmail.com				
E-mail address: (to be use	d for future annual re	port notification	n)	
For further information concerning this matter, pleas	e call:			
Finotte Dicujuste	at	561	403-4106	
(Name of Contact Perso		(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	■\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certi is Certi (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing Address		reet Address	tion	

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

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

FILED

GOLGATHA CHURCH OF GOD SANCTIFIED INC 2022.JAN.24 АМ 9: 39 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N19000012349 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: GOLGOTHA CHURCH OF GOD SANCTIFIED INC name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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) 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 office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

and address of each Of (Attach additional sheets Please note the officer/d P = President; V= Vice	Ticer and/or Dir s, if necessary) lirector title by th President; T= Ti = Chief Financia	rector being added: ne first letter of the office title: reasurer; S= Secretary; D= Director; T al Officer. If an officer/director holds n	officer/director being removed and title, name, R= Trustee; C = Chairman or Clerk; CEO = Chief nore than one title, list the first letter of each office
Changes should be noted a change, Mike Jones le Mike Jones, V as Remov	aves the corpora	tion, Sally Smith is named the V and S .	as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add		Doc : Jones / Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	<u>T</u>	FINOTTE DIEUJUSTE	6480 N DIXIE HWY BOCA RATON FL 33487
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 add (attach additional sh		Articles, enter change(s) here: v). (Be specific)	

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The date of each amendment(s) adoption	•	if other than the
date this document was signed.	·	
date this document was signed.		
P.C Alice describe and Health.		
Effective date if applicable:	no more than 90 days after amendment file date)	
()	no more than 90 days after amenament fue date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be not of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted b	ny tha mambare and the number of yetes east for the amendment/s)	
was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

5 . 1	1-18-22
Dated	0
	Constant Constant
Signatu	re Color San
	(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 fiducing by that fiducing.)
	other court appointed fiduciary by that fiduciary)
	CHARLES CHRISTIAN
	CHARLES CHRISTIAN (Typed or printed name of person signing)