NACCCCCCALAC

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200380485812

01/31/22--01028--014 **52.50

FILED 2022 Jan 31 PM 3: 5 5 ECRETARY DE STAI

of 2/11/2022

COVER LETTER

TO: Amendment Section Division of Corporations

	Emmanuel Church of	of God, Inc.			
NAME OF CORPORATION	ON:				
	N20000009690				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following:			
Latisha L. James					
		(Name of Contact P	erson)		
Law Office of Latisha L. Ja	mes				
		(Firm/ Compan	y)	·	
260 N. Industrial Drive #74	0541				
		(Address)			
Orange City, FL 32763					
		(City/ State and Zip	Code)		-
lawofficeoflljames@gmail.	com				
	-mail address: (to be used	d for future annual re	port notificatio	n)	
For further information con-	cerning this matter, please	e call:			
Latisha James			386	473-5440	
			l		
	(Name of Contact Persor	1)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable 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)	Certif is Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)	
Mailing A	Address	<u>St</u>	rect Address		

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

Emmanuel Church of God, Inc.

2022 JAN 31 PM 3: 52

Name of Corporation as currently filed with the Florida I N20000009690	Dept. of State)	SECRETARY OF STAT
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation	"Corp," or "Inc."
	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))	
<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(Maning and the ATOST OTTICE avery		
D. If amending the registered agent and/or registered offi	an address in Elevida, enter the name of t	ha
new registered agent and/or the new registered office a		<u>ic</u>
N/A		
Name of New Registered Agent:		
	(Florida street address)	·
New Registered Office Address:	Travita sirect dadress)	
	Florid	da
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the	e position.
S	ignature of New Registered Agent, if changi	ng

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 Do V Mike Jo SV Sally Sn	nę <u>s</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	PS	Perry Cooper, Jr.	5394 Red Leaf Court Oviedo, FL 32765
X Remove	VT	Yolanda Cooper	5394 Red Leaf Court
2) Change Add	<u> </u>	rolanda Cooper	Oviedo, FL 32765
X Remove 3) Change X Add Remove	<u>PS</u>	Marlene Lucas	531 Tree Shore Drive Orlando, FL 32825
4) Change Add	VT	John Lucas	531 Tree Shore Drive Orlando, FL 32825
Remove 5) Change Add		. 	
Remove 6) Change			
Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			

• •				
			<u> </u>	
			<u> </u>	
-				
				.
				 _
		<u></u>		
			~ _~	``
				
		_		
		<u> </u>		
			<u> </u>	
	December 12, 20	021		
The date of each amendment(s)	adontion:	· - · ·		, if other than the
date this document was signed.				
date titls document was signed.				
Effective date if applicable:	DELPMORY 12 20	7_1		
Effective date if applicable.	Of COMPLY 12, 20	avs after amendment file	e date)	
	1.20		•	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
1/3/22
DatedSignature
(By the chairman of the board, president or other officer-if directors have not been forected, by an incorporator – if in the hands of a receiver, trustee, or other county appointed fiduciary by that fiduciary)
Latisha L. James
(Typed or printed name of person signing)
Officer:
(Title of person signing)