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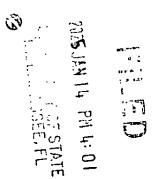
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	OF GOD BREVARD	. MADUREIR	A MINISTRY INC	
N21000005621 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	re submitted for filing	 :.		
Please return all correspondence concerning th	s matter to the follow	ing:		
SORAYA MEIRA				
	(Name of Con	tact Person)	·	
BELLA FLORIDA CONSULTING LLC				
	(Firm/ Cor	mpany)		
7802 KINGSPOINTE PKWY STE 203				
	(Addre	288)		
ORLANDO, FL 32819				
	(City/ State and	d Zip Code)		
E-mail address: (to	e used for future anni	ual report notif	ication)	
For further information concerning this matter,	please call:			
SORAYA MEIRA		407 at	491-4189	
(Name of Contact	Person)	(Area C	ode) (Daytime Tel	ephone Number)
Enclosed is a check for the following amount n	nade payable to the Flo	orida Departme	ent of State:	
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		py copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	SJAN 14 PH 4: 01
Mailing Address Amendment Section Division of Corporations P.O. Box 6327				4: 01 STATE

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ASSEMBLY OF GOD BREVARD, MADUREIRA MINISTRY NO

Name of Corporation as currently filed with the Florida	Dept. of State)		
N21000005621			
(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statu- amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts	the following	
A. If amending name, enter the new name of the corpora	tion:		
ASSEMBLY OF GOD BREVARD, IDE MINISTRY INC		The new	
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp.		
B. Enter new principal office address, if applicable:	7802 KINGSPOINTE PKWY STE 203		
Principal office address MUST BE A STREET ADDR	(SS) ORLANDO, FL 32819		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. <u>If amending the registered agent and/or registered off</u>			
new registered agent and/or the new registered office	address:		
Name of New Registered Agent:	<u></u>		
<u>New Registered Office Address:</u>	(Florida street address)	25 ES	
-			
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		PH 4: 01	
	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	PT John D V Mike John S SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>\$</u>	CASTRO, VANDERLEI	83×6 106TH AVE , VERO BEACE Fl., 32967
 X Remove 2) Change Add 	<u>s</u>	EDIMUNDO SILVA LOPES	5483 VINELAND RD 10309 ORLANDO, FL 32811
Remove 3) Remove × Add Remove	<u>T</u>	MARIA DE FATIMA S GUIMARA	5483 VINELAND RD 10309 ORLANDO, FL 32811
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			14 PH 4 01
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	<u> </u>
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The date of each amendment((s) adoption:				rri , if othe	
date this document was signed.			-	<u> </u>	, ii ouic	i tilali tile
Effective date if applicable:	01/07/2025					
	(no moi	re than 90 days a	fter amendment,	file date)		
Note: If the date inserted in thi document's effective date on the	is block does not m to Department of S	neet the applicabl tate's records.	e statutory filing	requirements, this	date will not be listed	as the
Adoption of Amendment(s)	(<u>CHE</u>	CK ONE)				
The amendment(s) was/we was/were sufficient for app	ere adopted by the proval.	members and the	number of votes	s east for the amen	dment(s)	

Dated

Signature

Sign

2015 TW 11 BH 4: 01