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A. RAMSEY MAY 12 2023

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

HEALING AND EM	IPOWERING LOCAL P	EOPLE, II	NCORPORATED	
N21000005906 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
TIMOTHY KING				
	(Name of Contact Perso	n)		_
HEALING AND EMPOWERING LOCAL PEOPLE.	, INCORPORATED			
	(Firm/ Company)	-		_
458 ARTHUR AVENUE				
	(Address)			_
DAYTONA BEACH, FLORIDA 32114				
	(City/ State and Zip Cod	e)		-
PENTACOST.CHURCH@GMAIL.COM				
E-mail address: (to be used	for future annual report	notificatio	n)	_
For further information concerning this matter, please	call:			
TIMOTHY KING			316-1407	
(Name of Contact Person)) at (A		(Daytime Telephone Number)	_
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	_	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations	Amen	Address Iment Sect on of Corpe		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2023 FEB 28 AM 8: 08

HEALING AND EMPOWERING LOCAL PEOPLE, INCORPORATED

(Name of Corporation as currently filed with the Florida I	Dept. of State)	TATE HARY OF STATE
N21000005906		TO MASSEE, FLOOR
(Document Numb	er of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated	The new l" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	458 ARTHUR AVE	NUE
(Principal office address <u>MUST BE A STREET ADDRESS</u>	DAYTONA BEACH	I. FLORIDA 32114
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	458 ARTHUR AVE	NUE
	DAYTONA BEACH	, FLORIDA 32114
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	ce address in Florida. ddress:	enter the name of the
Name of New Registered Agent:		
	tF)	lorida street address)
New Registered Office Address:		
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered	•	
Thereby accept the appointment as registered agent. I am fai		the obligations of the position.
Sie	gnature of New Regist	ered 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 Doc 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT V SV	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee	g additic ts, if nece	onal Articles, enter change(s) here: (Ssary). (Be specific)	
			

Upon the dissolution of the or	ganization, assets shall be distributed for one or more exempt pur	poses within the meaning of
Section 501 (c)(3) of the Inter-	nal Revenue Code, or corresponding section of any future federal	tax code, or shall be
distributed to the federal gove	nment, or to a state or local government, for public purpose.	
.		
		.,
		
		
		
	F. J. 5.1. 2022	
The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :	Februray 15th, 2022	
и пружение.	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirement the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the proval.	amendment(s)

(Title of person signing)

PRESIDENT