N21000007022

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COVER LETTER

TO: Amendment Section Division of Corporations

Holy Scepter Chu NAME OF CORPORATION:	rch Inc			
N21000007022 DOCUMENT NUMBER:				
DOCUMENT NUMBER:			 	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
RKO WELLS				
	(Name of Contact	Person)		
Holy Rainbow Church Inc				
	(Firm/ Compa	ny)	-	
6825 Taft Street #352				20
	(Address)			——≈
Hollywood, FL 33024				20 \$ 3 OCT 16
	(City/ State and Zi	p Code)	-	
holyrainbowchurch@gmail.com				P.H.12: 40
E-mail address: (to be us	sed for future annual r	eport notification	1)	0.1
For further information concerning this matter, plea	ise call:			
RKO WELLS		954 at	376-9441	
(Name of Contact Person		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount made	payable to the Florid	a Department of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certifi vis Certifi	D Filing Fee leate of Status led Copy lional Copy is lised)	

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 of

Holy Scepter Church Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N21000007022 (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: Holy Rainbow Church 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: 6825 Taft Street (Mailing address MAY BE A POST OFFICE BOX) Suite 352 Hollywood, FL 33024 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:

DIVISION OF CORPORATION

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Name of New Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

(Zip Code)

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: XChange X Remove X Add	\overline{V} \underline{N}	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add	-		
Remove 3) Remove Add Remove			PIPISION OF CORPORATIONS PIPISION OF CORPORATIONS PIPISION OF CORPORATIONS
4) Change Add			P X 22:
Remove			<u> </u>
5) Change Add			
Remove			
6) Change Add		-	
Remove			
E. If amending or addin (attach additional shee		! Articles, enter change(s) here: ry). (Be specific)	
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The date of such assessed as							
The date of each amendment date this document was signed	(s) adoption: _					, if other	than the
Effective date if applicable:	10/12/2023						
			ays after amend				
<u>Note:</u> If the date inserted in the document's effective date on the	is block does n he Department	ot meet the appl of State's record	icable statutory ls.	filing requirem	ents, this date v	vill not be listed a	s the
Adoption of Amendment(s)	(<u>C</u>	HECK ONE)					
The amendment(s) was/w was/were sufficient for ap	ere adopted by oproval.	the members an	ad the number of	votes east for t	he amendment((\$)	

DIRECTOR

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

(Title of person signing)