

N21000009836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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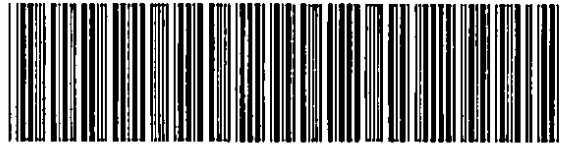
(Business Entity Name)

(Document Number)

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C. BRUMBLEY
DEC 13 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FAITH & HEALING INC.

DOCUMENT NUMBER: N21000008836

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIMBERLY N WILLIAMS

(Name of Contact Person)

FAITH & HEALING INC.

(Firm/ Company)

3140 FRANKLIN ST. APT 2102

(Address)

JACKSONVILLE, FL 32206

(City/ State and Zip Code)

FAITHANDHEALING2443@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY N WILLIAMS

904

962-4767

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- K.W.*
- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|--|--|

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

FAITH & HEALING INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000008836

(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:

N/A
The new 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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

New Registered Office Address:

(Florida street address)

_____, Florida _____
(City) (Zip Code)

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

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(Attach additional sheets, if necessary)

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.

Example:

1) _____ Change _____ Add	V _____	JOHNATHAN BROWN, SR _____ _____ _____	PO BOX 43408 JACKSONVILLE, FL 32203 _____ _____ _____
x _____ Remove			
2) _____ Change x _____ Add	V _____	AYANA HARRISON _____ _____ _____	2368 SOTTERLEY LANE JACKSONVILLE, FL 32220 _____ _____ _____
_____ Remove			
3) _____ Change _____ Add _____ Remove	_____	_____ _____ _____ _____	_____ _____ _____ _____
4) _____ Change _____ Add	_____	_____ _____ _____ _____	_____ _____ _____ _____
_____ Remove			
5) _____ Change _____ Add	_____	_____ _____ _____ _____	_____ _____ _____ _____
_____ Remove			
6) _____ Change _____ Add	_____	_____ _____ _____ _____	_____ _____ _____ _____
_____ Remove			

(attach additional sheets, if necessary). (Be specific)

GIVING BACK TO THE COMMUNITY

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Dated NOVEMBER 16, 2021

Signature Kimberly M. Williams
(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 fiduciary by that fiduciary)

KIMBERLY N WILLIAMS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)