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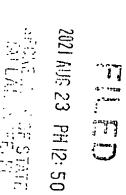
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A. Butter

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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	aire de WPB			
N2100009070				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted	d for filing.			
Please return all correspondence concerning this matter to	the following:			
Ralph Cheriza				
(Nat	me of Contact Person)			
Eglise Baptiste Missionnaire de WPB				
	(Firm/ Company)			
5700 Lake Worth Road Ste 106				
···	(Address)			
Greenacres, Florida 33463				
(City	y/ State and Zip Code)			
cherizagroup@gmail.com				
E-mail address: (to be used for	future annual report no	tification	1)	
For further information concerning this matter, please call:				
Ralph Cheriza	561		252-3735 (Daytime Telephor	
(Name of Contact Person)	(Area	ı Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the following amount made payable	e to the Florida Depar	tinent of	State:	
(A	43.75 Filing Fee & ertified Copy Additional copy is neclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is	
Mailing Address Amendment Section Division of Corporations	<u>Street A</u> Amendm Division	ent Secti		

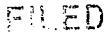
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Eglise Baptiste Missi	onnaire de WPB				
DOCUMENT NUMBER:	21000009070					
The enclosed Articles of Amer	ndment and fee are subm	nitted for filing.				
Please return all corresponden	ce concerning this matte	er to the following:				
Ralph Cheriza						
		(Name of Contact Pe	erson)			_
Eglise Baptiste Missionnaire d	le WPB					
		(Firm/ Company	;')			
5700 Lake Worth Road Ste 10	6					
		(Address)			-	_
Greenacres. Florida 33463						
	•	(City/ State and Zip	Code)			
cherizagroup@gmail.com						
E-n	nail address: (to be used	for future annual rep	oort notific	ation)		
For further information concer	ning this matter, please	call:				
Ralph Cheriza		at	561		2-3735	
1)	lame of Contact Person)		(Area Coo	le) (Da	iytime Telephone Number)	
Enclosed is a check for the fol	lowing amount made pa	yable to the Florida	Departmen	t of State	:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	s Co	52.50 Filinertificate ertifical Conditional inclosed)	of Status opy	
Mailing Ad Amendment		An	reet Addre	Section		

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



Eglise Baptiste Missionnaire de WPB, Inc

Eglise Baptiste Missionnaire de WPB, Inc		2021 4110 22	3 Pil 12: 50
Name of Corporation as currently filed with the Flori	da Dept. of State)		
N21000009070		of off the	TOF STATE
(Document No	umber of Corporation (i	known) INLL/st	+30EE+FE
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not	For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corp.	oration:		
			The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	ooration or incorporu	iea – or ine appreviano	n Corp, or inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		<u>. </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		la, enter the name of	<u>the</u>
Name of New Registered Agent:			
		(Florida street address)	
New Registered Office Address:			
		, Flor	ida
	(City)	(Zi	p Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and acce	ept the obligations of th	e position.
 .	Signature of New Reg	istered Agent, if chang.	ing

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	P	Dartagnan Remilien	1440 Lake Breeze Dr Wellington, FL 33414
Remove			
2) Change Add			
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	 -		
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
Art. III			
Eglise Baptiste Missio	nnaire de	WPB. Inc is organized exclusively for charitable,	religious, educational, and scientific
purposes within the mean	ing of sec	ction 501 (c) (3) of the Internal Revenue Code, or	any subsequent federal and state tax laws
Upon the dissolution of	of this ore	anization, assets shall be distributed for one or mo	re exempt purposes within the meaning
of section 501(c)(3) of the	e Internal	Revenue Code, or corresponding section of any for	iture federal tax code.

or shall be distributed to the federal g	government, or to a state or local government, for a public purpose.	
		<u> </u>
	<u>, , , , , , , , , , , , , , , , , , , </u>	
		<u>-</u>
		
		
The date of each amendment(s) add date this document was signed.	option:	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	

.

. . . .

	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 08/13/2021 Signature					
(By the chairman or fee chairman of the board, president or other officer-if directo have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)						
	Ralph Cheriza					
	(Typed or printed name of person signing)					
	Secretary					
	(Title of person signing)					