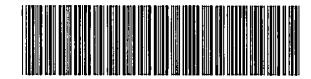
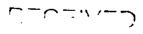
## N22000001028

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	E LORD'S VINEYARD	. INC			
N22000001028					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee a	are submitted for filing.				
Please return all correspondence concerning the	is matter to the following	ĝ:			
KELROY LEWIS					
	(Name of Contac	et Person)			
ISRAEL, THE LORD'S VINYARD					
<del></del>	(Firm/ Comp	pany)			
6117 GLEN BARR AVE					
	(Address	5)			
ORLANDO. FL 32809					
	(City/ State and 2	Zip Code)			
LEWISKELROY2@GMAIL.COM					
E-mail address: (to	be used for future annua	report noti	fication	1)	
For further information concerning this matter,	please call:				
KELROY LEWIS				493-1344	
(Name of Contact	Person)	(Area (	Code)	(Daytime Telephone Num	nber)
Enclosed is a check for the following amount n	nade payable to the Flori	ida Departn	ent of	State:	
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		,	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Street Ade Amendme		on	

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

10 PR 29

ISRAEL, THE LORD'S VINEYARD, INC

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N22000001028		1
(Document No	umber of Corporation (if known	1)
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Pre	ofit Corporation adopts the following
A. If amending name, enter the new name of the corp-	oration:	
ISRAEL, THE LORD'S VINYARD, INC		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	ESS)	
	<del></del>	
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, ente	er the name of the
new registered agent and/or the new registered offi	ice address:	
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida	street address)
New Registered Office Address.		
	(City)	, Florida (Zip Code)
	(01))	(Elp Code)
New Registered Agent's Signature, if changing Registed I hereby accept the appointment as registered agent. I are	ered Agent: m familiar with and accept the c	obligations of the position.
	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 V SV	John Doe Mike Jones Sally Smun	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>s</u>	CORDELIA VICTO	DR 219 SAVANNAH NICHOLE RD JEFFERSONVILLE, IN 47130
× Remove			<del></del>
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<del> </del>	
Remove			
E. If amending or addin (attach additional shee	e additions s, if nece	nal Articles, enter change(s) ssary). (Be specific)	<u>here</u> :
EIN # 88-0692218			
		<del></del>	

<del></del>	
	<del>.</del>
this document was signec.	if other tnan
ective date <u>if applicable</u> :  Ino more than 90 days after amendment	

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.

Dated	27/22
<i>(</i>	
Signature	by L
have not	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
KELI	ROY LEWIS
KELI	(Typed or printed name of person signing)

LIMBO 1803 BU MOLUMAN SHINE AND AMENDAN

2022 APR 29 AM 10: 17