N22000003148

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COVER LETTER

TO: Amendment Section Division of Corporations

npa Inc		
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omitted for filing.		
ter to the following:		
(Name of Contact	Person)	
(Firm/ Compa	ny)	
(Address)		-
(City/ State and Zi	p Code)	
d for future annual i	eport notificat	ion)
e call:		
	813	291-1059
1)		(Daytime Telephone Number)
ayable to the Florid	a Department	of State:
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	(Name of Contact (Firm/ Compa (Address) (City/ State and Zi d for future annual in exall: (S43.75 Filing For Certified Copy (Additional copy enclosed)	(Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) d for future annual report notificate call: at (Area Code ayable to the Florida Department S43.75 Filing Fee & S52 Certified Copy Cer (Additional copy is cerelosed) (Ac

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		Car
W 5 100 1 T	of		· · · · · · · · · · · · · · · · · · ·
Veriteal Church Tampa Inc	L. L. N. C. C.	 	 ;
(Name of Corporation as currently filed with the F	orida Dept. of State)		,
N22000003148		·····	
(Documen	t Number of Corporation (if k	nown)	57)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the	: following
A. If amending name, enter the new name of the co	orporation:		
The name was misspelled, "Veritcal". The correct spe	lling is VERTICAL		The new
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	orporation" or "incorporated	d" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable	NA :		
(Principal office address <u>MUST BE A STREET ADI</u>			
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X) NA		
			_
D. 16			
D. If amending the registered agent and/or register new registered agent and/or the new registered		, enter the name of the	
<u> </u>			
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	(F	lorida street address)	
N	۸	NA	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.	l am familiar with and accept	t the obligations of the position.	
	Signature of New Regist	tered 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 John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>NA</u>	NA	NA
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
NA			

		
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The date of each amendment date this document was signed	(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	June 25,2024	
	tno more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on t	is block does not meet the applicable statutory filing requirements, this ne Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/w	ere adopted by the members and the number of votes cast for the amend	lment(s)

was/were sufficient for approval.

(Title of person signing)

Treasurer