## N22000004846

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SECRETARY OF STATE

2022 MAY 31 PH 3: OL

## **COVER LETTER**

Division of Corporations		
NAME OF CORPORATION: VERTICA	LEWELL CA	erando, INC.
DOCUMENT NUMBER: N22-0000	04846	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
DAVID HOLLAND		
	(Name of Contact Person	n)
	(Firm/ Company)	
610B Avane 0221	1 11 200	
VICE ANGUEDO	(Address)	
WINDERMENT, FL	34701	
WINDESCHIEFUE, PC	(City/ State and Zip Cod	e)
E-mail address: (to be use	d for future annual report	notification)
For further information concerning this matter, pleas	e call:	
DAVID Houmas		Una . 772 . UZ7 1
(Name of Contact Person	n) at (A)	407 · ZZ7 · 4721  rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section Division of Cornerations		Iment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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

## FILED

VERTICAL CHURCH ORLANDO.	INC.	2077 HAY 31 PM 3: 26	£,
(Name of Corporation as currently filed with the Florida Dept.	of State)		
N2200000 4846		SECRETARY OF STAT	Ε
(Document Number of	Corporation (if known	) IMELIKI:MUULETTIL	
Pursuant to the provisions of section 617.1006, Florida Statutes, the amendment(s) to its Articles of Incorporation:	s Florida Not For Pro	fit Corporation adopts the fo	ollowin
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation"	or "incorporated" or		The new
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
			•
	<u>.                                    </u>		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> /	· <del></del>	
	<del></del> -		
_			
D. If amending the registered agent and/or registered office ad		r the name of the	
new registered agent and/or the new registered office addre	<u>38:</u>		
Name of New Registered Agent:	<del></del>		
V	(Florida s	treet address)	
New Registered Office Address:			
		, Florida	
(C	ity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian		bligations of the position.	
Signate	re of New Registered	laont 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 I           V         Mike           SV         Sally		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	DAVID HOLLAND	6/08 ANDREOZZI LANE WINDERMONE, FL 3478
Remove 2) Change Add	D	RAPHAEL POWERS IV	4165 HEARTHSTONE DEIVE SARASOTA, FL 34238
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or add (attach additional she		rticles, enter change(s) here: . (Be specific)	

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The date of each amendment(s) adoption:					, if other than the
date this document was signed.					
DSS after date if a call other					
Effective date if applicable:	o more than 90 day	s after amendmer	ıt file date)		
(711	a ana c mua za uu)	amenamer	ii jiic aarej		
<u>Note:</u> If the date inserted in this block does to document's effective date on the Department			ng requirements, th	nis date will not b	e listed as the
Adoption of Amendment(s)	CHECK ONE)				
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and	the number of vo	tes east for the ame	endment(s)	

There are no mer adopted by the b	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	5/31/22
Signatur	(By the charman of vide 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)
	DAVID HOLLAND
	(Typed or printed name of person signing)
	FRESIDENT
	(Title of person signing)