N22000010187

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TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

THE GREATEST LOVE OF ALL INC. NAME OF CORPORATION: N22000010187 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thomas Avino (Name of Contact Person) THE GREATEST LOVE OF ALL INC. (Firm/ Company) 16007 Starling Crossing Drive (Address) Lithia, FL 33547 (City/ State and Zip Code) admin@thegreatestloveofall.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 716-4062 813 Thomas Avino (Daytime Telephone Number) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

THE GREATEST LOVE OF ALL INC. (Name of Corporation as currently filed with the Florida Dept. of State) N22000010187 (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: GREATEST LOVE OF ALL INC. 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: __, Florida __ (Zip Code) (City) 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

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 D V Mike Jo SV Sally S	<u>ones</u>			
Type of Action (Cheek One)	<u>Title</u>	<u>Name</u>	Address		
1) Change Add					
Remove					
2) Change Add					
Remove 3) Change Add Remove					
4) Change Add					
Remove					
5) Change Add					
Remove					
6) Change Add					
Remove					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					

		
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The date of each amendment(s) adoption: _date this document was signed.		, if other than the
Effective date if applicable: (no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	of meet the applicable statutory filing requirements, this date wi of State's records.	ll not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)

(Title of person signing)