

N22000013378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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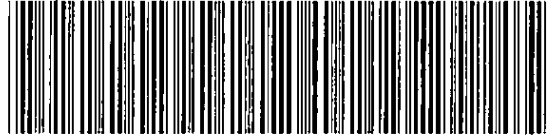
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIVING WORD PENSACOLA INC.

DOCUMENT NUMBER: N22000013378

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVE ALLYN
(Name of Contact Person)

(Firm/ Company)

6138 TRENT STREET
(Address)

PENSACOLA, FL 32503
(City/ State and Zip Code)

DAVEA.LWP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVE ALLYN 815 549-3946
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2009 JUN -9 AM 8:56
SECRET
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

LIVING WORD PENSACOLA INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N22000013378

(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:

N/A The new 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**)

N/A

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, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

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

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of any future federal tax code.

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SECRETARY'S OFFICE
TALPHA-SEE FL

Should it become necessary to terminate and dissolve the ministry activities and assets of Living Word,
by a majority vote of the Board, the Board shall distribute the remaining assets over which it has control,
if any, to one or more 501(c)(3) Organizations, after all appropriate expenses, claims and debts have
been paid. No part of the expenses to dissolve Living Word or remaining net assets distributed from a
dissolution may benefit any organization over which any Board member, including the Board member's
spouses and children, shall have any control, interest, employment or relationship wherein the Board
Member or their spouse or children would receive any benefit.

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SECTION 1 OF STATE
TALLAHASSEE, FL

The date of each amendment(s) adoption: _____, if other than the
date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

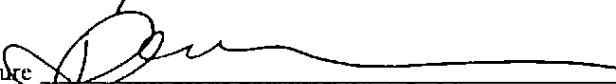
Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)
was/were sufficient for approval.

- ☒ 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 6/2/2023

Signature



(By the chairman or vice 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)

Dave Allyn

(Typed or printed name of person signing)

Secretary

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED