N23 000 000 463

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24 DEC 10 FH 5: 24
24 DEC 10 FH 5: 24

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

DRE	AMS UNITED C			
N230000				
DOCUMENT NUMBER:		_		·
The enclosed Articles of Amendment	and fee are submit	tted for filing.		
Please return all correspondence conce	erning this matter	to the following:		
DIEDRA COBARIS				
	()	Same of Contact Pe	rson)	
DREAMS UNITED CHURCH, INC.				
		(Firm/ Company)	
POST OFFICE BOX 5702				
	· · · · · · · · · · · · · · · · · · ·	(Address)		
, PLANT CITY, FL 33563				
	(C	ity/ State and Zip C	Code)	
DCOBARIS@GMAIL.COM				
E-mail addr	ess: (to be used fo	or future annual rep	ort notification	1)
For further information concerning this	s matter, please ca	ill:		
DIEDRA COBARIS		at	407	538-2383
(Name of	Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following a	mount made paya	ible to the Florida I	Department of	State:
□ \$35 Filing Fee □\$43.75 Certiñ	cate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is ised)
<u>Mailing Address</u> Amendment Section			eet Address endment Secti	ivan
Division of Corporat			ision of Corp.	
P.O. Box 6327			Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

. . .

Dreams United Church, Inc.		
Name of Corporation as currently filed with the Florida D	ept. of State)	
N230000000463		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i> C	orporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." <u>may not be used in the name</u> .	ion" or "incorporated" or the c	ibbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2207 W. Baker Street	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Plant City, FL 33563	246
		8 8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Post Office Box 5702	
	Plant City, FL 33563	5: 2
	-	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		ename of the
Name of New Registered Agent:		
New Registered Office Address:	(Florula street)	address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the oblige	tions of the position.
Six	ynature of New Registered Agen	nt, 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 A Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones llv Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	1)	Mary C. Kiter	3450 SHA'ERSTONE COURT PLANT CITY, FL 33566
x Remove 2) Change Add	1)	Elizabeth Lyndall	1408 ETOMLIN STREET PLANT CITY, FL 33563
x Remove 3) x Change Add Remove	P	Kelvin L. Cobaris	POST OFFICE BOX 5702 PLANT CITY, FL 33563
4) Change Add	D	Richard Alderman	POST OFFICE BOX 5702 PLANT CITY, FL 33563
Remove 5) Change Add	1)	Derrick Stackhouse	POST OFFICE BOX 5702 PLANT CITY, FL 33563
Remove 6) Change Add			
E. If amending or additional sl		Articles, enter change(s) here: y). (Be specific)	

		
	And the state of t	
		
		
		
		
The date of each amendment(s) adopt	tion:	if other than the
date this document was signed.		_, ir vaner andr me
Effective date if applicables		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not b	oe listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	

Dated	11/20/2024
Direct	
Signatur	e
	(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)
	KELVIN L. COBARIS
	(Typed or printed name of person signing)
	PRESIDEN'T