N23000006643

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S. PRATHER

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations **EDVA INC** NAME OF CORPORATION: N23000005643 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Doovensky Daniel (Name of Contact Person) EDVA INC (Firm/ Company) 2087 Heritage oaks et (Address) Fleming Island Fl 32003 (City/ State and Zip Code) ddanie10789@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Doovensky Daniel 904 575-5868 (Daytime Telephone Number) (Name of Contact Person) (Area Code) 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 (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EDVA INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	102
N23000005643		سطي ⊶.
(Document	Number of Corporation (if know	n)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For P.	rofit Corporation adopts the followin
A. If amending name, enter the new name of the co	rporation:	·
Eglise De Dieu Des Vrais Adorateurs EDVA INC		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" o	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>Y</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florud	i street address)
		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent. I		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	<u>V</u> <u>3</u>	ohn Doe Mike Jones Gally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			<u> </u>
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 adding (attach additional sheet)	z additions s. if necesso	d Articles, enter change(s) here: wy). (Be specific)	

document's effective date on the De Adoption of Amendment(s)	partment of State's record (<u>CHECK ONE</u>)	ls.			
Note: If the date inserted in this blo	ock does not meet the appl	icable statutory	y filing requiremen	ts, this date will no	t be listed as the
	(no more than 90 d	ays after amen	dment file date)		·
Effective date <u>if applicable</u> :					
The date of each amendment(s) a date this document was signed.	doption:				if other than the
		 			
		·			
	<u> </u>		<u></u>	<u>_</u>	
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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 mem adopted by the bo	thers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.				
Dated	08/05/2024				
Signature (By the Thairman or vice offairman 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)					
	Doovensky Daniel				
(Typed or printed name of person signing)					
	President 5				

(Title of person signing)