## N23000012087

(Re	questor's Name)	
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	COVER LET	<u>rer</u>	
TO: Amendment Section Division of Corporations		* * *	• .
NAME OF CORPORATION:	of Substance Internati	onal Praying Mi	nistry, Inc
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
OMOIKE, ESTHER			
	(Name of Contact	Person)	
WOMEN AND MEN OF SUBSTANCE INTERN	ATIONAL PRAYING	3 MINISTRY, II	NC
	(Firm/ Compa	ny)	
1506 E BEARSS AVENUE			
	(Address)		
LUTZ, FL 33549			
	(City/ State and Zi	p Code)	
asheramens@gmail.com			
E-mail address: (to be u	sed for future annual r	eport notificatio	n)
For further information concerning this matter, plea-	ase call:		
OMOIKE, ESTHER		813 at	9432105
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florid	a Department of	State:
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Statu		Certit v is Certit	0 Filing Fee feate of Status fed Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	, 1 -	Street Address Amendment Sect Division of Corp The Centre of T 2415 N. Monro Fallahassee, FL I	orations 'allahassee e Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

WOMEN AND MEN OF SUBSTANCE INTERNATIONAL PRAYING MINISTRY, INC

Name of Corporation as currently filed with the F	orida Dept, of State)
N23000012087	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	The new corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	:
(Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>(X</u> )
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent:	
<u>New Registered Office Address:</u>	(Florida street address)
	Florida
_	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered 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 J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>CP</u>	OMOIKE, ESTHER	LUTZ, FL 33549
Remove 2) Change Add	<u>VP</u>	LUKAMA, EUPHRASIE	LUTZ, FL 33549
X   Remove	VP	SOLARIN, AMAZING GRACE	1506 E BEARSS AVENUE LUTZ, FL 33549
4) Change Add	D	BOSS, MARILYN	LUTZ, FL 33549
Remove  5) Change  × Add	<u>T</u>	ELRIDGE, MEICA	1506 E BEARSS AVENUE LUTZ, FL 33549
Remove 6) Change × Add	<u>S</u>	DUVAL, KAREN	1506 E BEARSS AVENUE LUTZ, FL 33549
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoptions date this document was signed.	:	, if other than the
Det also dans to mall or kills		
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

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 5/27/2024	
Signature Edikike	
(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)	
Esther Omerke	
(Typed or printed name of person signing)	
President e Chairman	
(Title of person signing)	