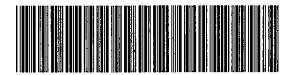
N42658

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nam | e) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200312044392

04/23/18--01029--028 **52.50

2018 APR 23 PH 4: 46
SECRETARY OF STATE
TARASSEE, FLORID

C. GOLDEN LTR 2 4 2010

COVER LETTER

Tallahassee, FL 32314

| - | | | |
|--|-------------------------------|---|---------|
| | | | ٠, |
| | COVER LETTER | oliness Church, The. | |
| TO: Amendment Section | | 10 m | F/1. |
| Division of Corporations | | Tale Contract of the Contract | P2. \6 |
| United | Pentecostal Ho | liness Church, The | . W Pa. |
| NAME OF CORPORATION: | | 755 | CON THE |
| N42658 | | • | 12000 |
| DOCUMENT NUMBER: | | | _ "NOA |
| The enclosed Articles of Amendment and fee are sub- | omitted for filing. | | |
| Please return all correspondence concerning this mat | ter to the following: | | |
| Leslie | Miller | | |
| | (Name of Contact Person | n) | - |
| United I | entecostal Hol | iness Church, Inc. | |
| | (Firm/ Company) | | _ |
| 22255 S. | .w. 109 Ct. | | |
| | (Address) | ***** | - |
| Miami, E | FL. 33170 | | |
| | (City/ State and Zip Cod | e) | _ |
| daneset | laol.com | | |
| E-mail address: (to be use | ed for future annual report | notification) | _ |
| For further information concerning this matter, please | e call: | | |
| | | (786) 478-9158 | |
| Leslie Miller | at | | |
| (Name of Contact Perso | n) (Ar | rea Code) (Daytime Telephone Number) | _ |
| Enclosed is a check for the following amount made p | ayable to the Florida Depa | artment of State: | |
| \$35 Filing Fee | \$43.75 Filing Fee & | ▼ \$52.50 Filing Fee | |
| Certificate of Status | Certified Copy | Certificate of Status | |
| | (Additional copy is enclosed) | Certified Copy | |
| | enciosea) | (Additional Copy is Enclosed) | |
| Mailing Address | Street | Address | |
| Amendment Section | Amend | ment Section | |
| | | | |
| | Amend Divisio | Address Iment Section on of Corporations Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

United Pentecostal Holiness Church, Inc.

| (Name of Corporation as | s currently filed with the Florid | la Dept. of State) |
|--|-----------------------------------|---|
| | N42658 | |
| (Docume | nt Number of Corporation (if kno | own) |
| Pursuant to the provisions of section 617,1006, Florid 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 c | orporation: | |
| | | The new |
| name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name. | corporation" or "incorporated" | or the abbreviation " Corp." or " Inc." |
| 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 BO | <u>)x</u>) | |
| | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | | nter the name of the |
| Name of New Registered Agent: | Leslie Miller | |
| - | 22255 S.W. 109 (| Ct. rida street address) |
| New Registered Office Address: | Miami FL. 33189 | - , |
| _ | | , Florida |
| _ | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent. | | he obligations of the position. |
| \ <u>Q</u> | Soplie Mil | Oon |
| | Signature of New Pogisto | nad Agant 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 V SV | John Doe Mike Jones Sally Smith | |
|----------------------------------|---------------|---------------------------------------|---------------------------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | PD | Scott, Willie J., Sr. | 13620 Jackson St. |
| Add | | • | Miami, FL. 33176 |
| X Remove | | | |
| 2) Change | PD | Scott, Rodney Darrell | 13620 Jackson St. |
| X Add | | | Miami, FL. 33176 |
| Remove | | | |
| 3) Change | SD | Heard, Mary | 10851 S.W. 142nd Lane |
| Add | | | Miami, FL. 33176 |
| X Remove | | | · · · · · · · · · · · · · · · · · · · |
| 4) Change | STD | Miller, Leslie | 22255 S.W. 109 Ct. |
| X Add | | | Miami, FL. 33170 |
| Remove | | | · |
| 5) Change | CEO | Scott, Willie J., Jr. | 13620 Jackson St. |
| X Add | | • | Miami, FL. 33176 |
| Remove | | | |
| 6) Change | . <u>D</u> | Taylor, Danese | 9013 s.w 206 st. |
| X Add | • | • | Cutler Bay FL. 33189 |
| Rėmove | | · · | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | |
|---|--|--|
| The existing board members has the final authority to | | |
| execute any form of business regarding United Pentecostal | | |
| Holiness Church. Upon the untimely death of any board | | |
| member, the remaining board member/s have full authority and | | |
| final decision making power. Every decision will be done | | |
| to strengthen and build upon the HOUSE OF GOD. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| The date of each amendment(s) ad date this document was signed. | loption: | , if other than the |
|--|---|--|
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the De | ck does not meet the applicable statutory filing requirement partment of State's records. | nts, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ac was/were sufficient for approva | iopted by the members and the number of votes cast for the | ne amendment(s) |
| There are no members or members adopted by the board of director | pers entitled to vote on the amendment(s). The amendments. | nt(s) was/were |
| Dated | 4/18/2018 | |
| Signature | mell Seatt | <u> </u> |
| | man or vice chairman of the board, president or other offi | |
| | en selected, by an incorporator — if in the hands of a receivappointed fiduciary by that fiduciary) | sworn to and subscribed before me this 19 day of and 1 20 18 |
| | Jennell Scott | Signature of Notary Public - State of Florida |
| | (Typed or printed name of person signing) | Print, Type or Stamp Name of Notary Public Personally known to me, or Produced Identification: Type of Identification |
| | (Vice President; Director) | MARGARITA COBOS |
| | (Title of person signing) | Notary Public, State of Florida Commission# FF 205315 My comm. expires Apr. 12, 2019 |