N46194

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

Division of Corporations NATIONWIDE HOLINESS CHURCH OF BROTHERLY LOVE, INC. NAME OF CORPORATION: N46194 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAIME Y. WILSON (Name of Contact Person) NATIONWIDE HOLINESS CHURCH OF BROTHERLY LOVE, INC. (Firm/ Company) P.O. BOX 680580 (Address) MIAMI, FL 33168 (City/ State and Zip Code) singercomposer@earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maime Y. Wilson (Name of Contact Person) 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) Street Address

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

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



NATIONWIDE HOLINESS CHURCH OF BROTHER

(Name of Corporation as currently filed with the Florida Dept. of State)
N46194

(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:

		• •	* * *
If amending name, enter the new name	of the corporation:	-	/ *
	,		The
me must be distinguishable and contain the ompany" or "Co." may not be used in the		orporated" or the abbreviation "Corp.	or "In
Enter new principal office address, if a			
incipal office address <u>MUST BE A STR</u>	EET ADDRESS)		
Enter new mailing address, if applicate (Mailing address MAY BE A POST OF			
(Muning numers MAT DE A POST OF	FICE BOX)		_
	- 		
If amending the registered agent and/o	wasistavad office address in	Florida antau the name of the	_
new registered agent and/or the new re		ronda, enter the name of the	
<u>Name of New Registered Agent:</u>			
w Registered Office Address:	(Florida street a	ddress)	
THE MERISIEFE OFFICE HARRESS.			
	/CV.	, Florida	
-	(City)	(Zip Code)	
ew Registered Agent's Signature, if chan	ging Registered Agent:		
ereby accept the appointment as registered		d accept the obligations of the position	7.
Signat	ure of New Registered Agent, i	fohanaina	

Page 1 of 4

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.

X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
i) Change Add Remove	TRUSTEE	MAIME Y WILSON	2260 NW 117 ST MIAMI FL 33167
2) Change Add Remove	т	DESHAWN GREEN (TREASURER)	1881 NW 135 ST MIAMI FL 33167
3) Change Add Remove		·	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
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11-7-51-51-51-1	
2 (2007)	
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The date of each amendment(s) adoption:		
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or mem adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated	02/19/2012	
Signature		
(By the chai have not be	irman or vice mairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
	MAIME Y WILSON	
	(Typed or printed name of person signing)	
	TRUSTEE	
***************************************	(Title of person signing)	