## N46194

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOTION WIDE Holiness Church of Brotterly LOVE IN	C
DOCUMENT NUMBER: N46194	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mamie Wilson	
(Name of Contact Person)	
Nationwide Holiness Church of Brotherly Love INC	٠.
P.O. Box 680580	
(Address)	
Miami FL 33168	
(City/ State and Zip Code)	
Singercomposer Dearthlink. net  E-mail address: (to be used for luture annual report notification)	
For further information concerning this matter, please call:	
Mamie Wilson  (Name of Contact Person)  at 786-213-3876  (Area Code) (Daytime Telephone Number)	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
inclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)  Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section  Division of Corporations  Street Address Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassce, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation of

Notionwide Halix	ness "Church	of Brotherly Love
(Name of Corporation as currently filed with the Flo		OI DIOTIKING DICE
Nillacul	rita Exept. Of Chate,	•
1070194	1	
(Document	Number of Corporation (if kn	iown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co	prporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u> )	
C F-1		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ů	
	<u> </u>	
		<u> </u>
D. If amending the registered agent and/or registere		enter the name of the
new registered agent and/or the new registered o	mice address:	
Name of New Registered Agent:	<del></del>	
<del></del>	ıFle	vida street address)
New Registered Office Address:		
		Elavida
<del></del>	(City)	, Florida (Zip Code)
		(,p. 3)
New Registered Agent's Signature, if changing Regis	stered Agent:	at the at that the
I hereby accept the appointment as registered agent. 1	am jamiliar with and accept i	the oftigations of the position.
	Signature of New Registe	red 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>T</u>	Johnnie Hightower	9009 NW 21st Ave Miami Fl 33147
Remove  2) Change Add	D	April Smith	9009 NW 25+ Ave migmi FL 33147
Remove  3 ) Remove  Add Remove	<del></del>		
4) Change Add			
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

•		
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The date of each amendment(s) adop	otion:	if other than the
date this document was signed.		_, it outer than the
Effective date if applicable:		_
	(no more than 90 days ufter amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	sted by the members and the number of votes cast for the amendment(s)	

Dated

Od-17-2024

Signature

(By the chairman of 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)

(Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were