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2021 AUG -5 PM 1: 03

A. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

MINISTERIO CON NAME OF CORPORATION:	MUNIDADE NOVA A	LIANCA	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
RAQUEL LOPES			
	(Name of Contact Po	erson)	
ALLIANCE CHURCH			
	(Firm/ Company	·)	
1100 S POWERLINE RD SUITE 103			
	(Address)		
DEERFIELD BEACH, FL 33442			
	(City/ State and Zip 6	Code)	
INFO@ALLIANCECHURCHLIVE.COM			
E-mail address: (to be use	d for future annual rep	ort notification	n)
For further information concerning this matter, pleas	e call:		
RAQUEL LOPES	at	954	9545881039
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif S Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

FILED

MINISTERIO COMUNIDADE NOVA ALIANCA		-000
(Name of Corporation as currently filed with the Florida I	Dept. of State)	2021 AUG -5 PH 1: 03
N96000004358		SUMPLY OF STATE
(Document Numb	er of Corporation (if known)	TALLAHESSEE, FL
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profi</i>	t Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion <u>:</u>	
ALLIANCE CHURCH, INC.		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or th	
B. Enter new principal office address, if applicable:	1100 SOUTH POWERLINE	ERD SUITE 103
(Principal office address MUST BE A STREET ADDRESS	DEERFIELD BEACH FL, 33064	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7736 NW 25 ST	
	MARGATE, FL 33063	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida stre	vet address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obl	igations 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 De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add		NIA	
Remove			
2) Change Add			
Remove 3)RemoveAddRemove			
4) Change Add	.		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: (04/13/2018			
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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.	Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	☐ The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the a	mendment(s)

opted by the board of directors.
07/31/2021
Dated
Signature
(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)
laguel Longs
(Typed or printed name of person signing)
Ω_{1}
<u> </u>
(Title of person signing)

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