N 99000007053

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: GOULDS FIrst Church of the Nazarene
DOCUMENT NUMBER: N 9900 000 70 53
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cynthia Hughes (Name of Contact Person)
Gould's First Church of the Nazavene
1805 S.W. 232 Street
WIAMI FIA. 33170 (City/ State and Zip Code)
CChughes 25 @ Out look. (om Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cynthia Hughes at 305 431-3272 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & ☐ Certificate of Status (Additional copy is enclosed) ☐ Certificate of Status (Additional Copy is Enclosed)

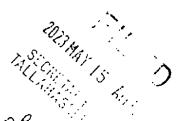
Mailing Address

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

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



9

	1 of the Nazar	ene
(Name of Corporation as currently filed with the	Florida Dept. of State)	
N99000007053		
(Docume	ent Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For Pr</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
New Life Cety C	enter Inc	The new
name must be distinguishable and contdin the word "Company" or "Co." may not be use <mark>d in the name</mark> .	"corporation" or "incorporated" of	r the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AL</u>		
•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere.		er the name of the
new registered agent and/or the new registere	onice address:	
Name of New Registered Agent.		
-	Florida -	street address)
New Registered Office Address:		
_		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the o	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:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO \neq Chief Executive Officer; CFO \pi Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Do V Mike Jo SV Sally S	mes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5/ Change Add			
Remove		_	
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts. if necessary).	icles, enter change(s) here: (Be specific)	

•				
				
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	E-1111			
				
				·
			<u></u>	
				
				
	*****		- , .	
Who also of such assessed as set X . It is				
The date of each amendment(s) adoption date this document was signed.	n:			, if other than the
	11 11 0	ሉገ 2		
Effective date if applicable: In a	$y - 11 - \alpha$	<u> </u>	e date)	
Note: If the date inserted in this block doe	s not meet the applic	able statutory filing re	equirements, this date wil	I not be listed as the
document's effective date on the Departme	ent of State's records.			
Adoption of Amendment(s)	(CHECK ONE)			

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

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 5-11-2023
Signature Comphia Hugher
(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)
Cynthia Hughes
J (Typed or printed name of person signing)
Secretary (Title of person signing)