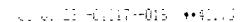


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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Johnson Chapal of Laural, FIA. INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Phyllis Beckom (Name of Contact Person)
Johnson Chapel of Laurel, FLA. Inc. (Firm/Company)
P.O. Box 601
Laurel, Florida 34272-0601 (City/ State and Zip Code)
Phyllis beckon & verizon net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Phyllis Beckon at 941-915-2791 (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:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Johnson Chapel of	Laurel, FIA. Inc.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
ПОП	461	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation ac	lopts the following
A. If amending name, enter the new name of the cor	poration:	
Johnson Lhabel Missioner	y Baptist Church of Lau	ard, In. Inic
Sohnson Lhapel Mission Ar name must be distinguishable and contain the word "co	orporation" 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 ADDI</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	\sim \sim \sim \sim \sim	
(mailing dutiess MAT BE A TOST OF TICE BOX		
	 .	
		23 1
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the	
new registered agent and/or the new registered of		-
Name of New Registered Agent:	NIA	· · · · · · · · · · · · · · · · · · ·
		100
	(Florida street address)	8
New Registered Office Address:		
	, Florida	
	, Florida (City) (Zip C	lode)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I		osition.
	11/	
	NA	
	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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove 2) Change Add			2021 HAR
Remove 3) Change Add Remove	**		
4) Change Add		- \ -\ -\ -\ -\ -\ -\ -\ -\ -\ -\ -\ -\	
Remove 5) Change Add			
Remove 6) Change Add			
Remove E. If amending or adding	ng additi	onal Articles, enter change(s) here:	
(attach additional shee	ets, if nec	essary). (Be specific)	

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		7023 FAR
		112
		
The date of each amendment(s) adoption:	2-18-2023	, if other than the
date this document was signed.	than 90 days after amendment file date)	
Note: If the date inserted in this block does not mee document's effective date on the Department of Stat	et the applicable statutory filing requirements, this of	date will not be listed as the

(CHECK ONE) Adoption of Amendment(s)

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

0	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 2-18-2023			
	Signature Willie Becken (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)			
	Willie J. Beckom			
	(Typed or printed name of person signing)			
	Director (Title of person signing)	<u>.</u>	2023 HAR	~ • ii
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