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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Shiloh Baptist Chui	ch, Inc.		
	6526		-	
DOCUMENT NUMBER:			·	
The enclosed Articles of Amen	dment and fee are sub	mitted for filing.		
Please return all correspondenc	e concerning this mat	ter to the following:		
Cassandra L. Denmark, Esquire	e			
		(Name of Contact Pe	rson)	
The Law Office of Cassandra I	Denmark, LLC			
	 ·	(Firm/ Company)	
690 East Davidson Street				
		(Address)		
Bartow, Florida 33830				
		(City/ State and Zip (Code)	<u> </u>
Klbroome25@gmail.com				
E-m	ail address: (to be use	d for future annual rep	ort notification	1)
For further information concern	ing this matter, please	e call:		
Karry L. Broome, Sr.		at	863537-0878	
(N:	ame of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the follo	owing amount made p	ayable 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)	Certifi Certiti	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Add	ress	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Shiloh Baptist Church, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 706526 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" 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 MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Karry L. Broome, Sr. Name of New Registered Agent: 4317 Dinner Lake Drive (Florida street address) New Registered Office Address: Lake Wales , Florida <u>33859</u> (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the 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 = 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 L V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add	<u>TR</u>	Mitchell, Al Deacon (deceased)	1606 Lewis Griffin Road Lake Wales, Florida 33853
x Remove			
2) Change Add	TR	Broome, Karry Sr. Deacon	4317 Dinner Lake Drive Lake Wales, Florida 33859
Remove 3) Remove Add Remove			
4) Change Add		.	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
			-

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The date of each amendment(s) adopted date this document was signed.	on: June 30, 2020	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	

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

was/were sufficient for approval.

u	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 7/5/2020 Signature Aun Alarely
	(By the chairman or vice chairman of the tourd, 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)
	Bruce Hardy
	(Typed or printed name of person signing)
	Chairman of the Deacon Board
	(Title of person signing)