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COVER LETTER

TO: Amendment Section Division of Corporations

Holy Cross E	vangelical Lutheran Ch	urch, Inc.		
712478				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following	ា <u>ខ</u> ្លៈ		
Tammy Lites				
	(Name of Conta	ict Person)		
Holy Cross Evangelical Lutheran Church, Inc.	-			
	(Firm/ Con	npany)		
724 Big Tree Rd.				
	(Addres	ss)	***************************************	
South Daytona, FL 32119				
	(City/ State and	Zip Code)		
sdhc1960@aol.com				
E-mail address: (to	be used for future annua	al report notificat	ion)	
For further information concerning this matter	, please call:			
Tammy Liles		386 at		
(Name of Contact	Person)	(Area Code	(Daytime Telephone Numb	er)
Enclosed is a check for the following amount i	made payable to the Flo	rida Department	of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing I Certificate of \$		y Cer opy is Cer (Ac	50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	
Mailing Address Amendment Section		Street Addres Amendment Se		

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

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the I	lorida Dept, of State)	
Holy Cross Evangelical Lutheran Church, Inc.		
(Documen	nt Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For	T.
A. If amending name, enter the new name of the c	orporation:	
N/A		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	N/A	
(Principal office address MUST BE A STREET AD.		
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0 <u>X</u>) N/A	
	N/A	
	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:	I/A	
	I/A	
<u>New Registered Office Address</u> :	tFlo	rida street address)
٨	1/A	, Florida N/A
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		he obligations 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 Doc 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 Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	Kevin Friend	724 Big Tree Rd. South Daytona, FL 32119
× Remove			
2) Change Add	Р	Gary Darby	819 Sugarhouse Dr. Port Orange, FL 32129
Remove 3) Change × Add Remove	<u>v</u>	Bonnie Rispoli	2 Downing Dr. Port Orange, FL 32129
4) Change Add			
Remove			
5) Change Add			
Remove			
δ) Change Add			
Remove			
(attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

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-				-		
						
						
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				·		•
						
						.
					· ·	
		N/A				
The date of each amendment (date this document was signed.	(s) adoption:			· 	·	, if other than the
Effective date if applicable:	N/A					
incerive date in applicable.		o more than 90 day	s after amendme	nt file date)		
Note: If the date inserted in thi document's effective date on the				ng requirements.	this date will not b	e listed as the
Adoption of Amendment(s)	(9	CHEÇK ONE)				
☐ The amendment(s) was/we was/were sufficient for ap		y the members and	the number of vo	tes east for the ar	mendment(s)	

2022
4
22
2. S.

Dated	September 15, 2022
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)
	Tammy Liles
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

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

adopted by the board of directors.