714678

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SECRETARY OF STATE
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: First Buytlist Church of Davie/CooperCity
DOCUMENT NUMBER: 7/4678
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lyis VA//ADARES (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
8950 Stirling Kd (Address)
Cooper City, FC 33024 (City/ State and Zip Code)
(City/ State and Zip Code)
pastor & glcfamily. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luis VALLADARES at (954) 431 3118
(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:
\$\times 2 \frac{1}{2}\$ \$43.75 Filing Fee & \$\times 2 \frac{1}{2}\$ \$43.75 Filing Fee & \$\times 2 \frac{1}{2}\$ \$52.50 Filing Fee & \$\times 2 \frac{1}{2}\$ \$5
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

-tirst Daptist Church of (Name of Corporation as currently filed w	with the Florida Dent, of State)
(Name of Corporation as currently fried v	
(Document Number of Corr	anation (if Image)
(Document Number of Corp	oration (II known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Statutes</i> , the second statutes are the second statutes.	rida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	,
	Th
name must be distinguishable and contain the word "corporation" or "	The new 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:	201
(Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	77
<u> </u>	
C. Enter new mailing address, if applicable:	河里 呈
(Mailing address MAY BE A POST OFFICE BOX)	= 5 2
	3 S
	
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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:	
Name of New Registered Agent:	ALL ADARES
850	Studie Pl Com Cit.
	(Florida stylet address)
New Registered Office Address:	
Cooper	Florida 33024
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
110	the second
Cionatura o	Naw 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 <math>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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1),	P	Luis VallADARES	8950 Storling tol Cooper City FL 33024
2) Change Add Remove	<u> </u>		
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	· .		
6) Change Add Remove			

. If amending or adding additional Articatach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) a date this document was signed.	doption:, it other than the		
Effective date <u>if applicable</u> :	·		
	(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.		
☐ There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.		
Dated/	10-17		
Signature(By the chai	rman or vice chairman of the board, president or other officer-if directors		
Have not be	een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	Pastor		
	(Title of person signing)		