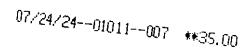
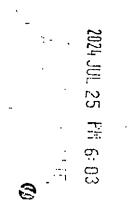


Office Use Only







COVER LETTER

TO: Amendment Section

Division of Corporations	,
NAME OF CORPORATION: MT. Clivette	Missionary Baptist Church FACE
DOCUMENT NUMBER: 7/85/9	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	Ç.
Please return all correspondence concerning this matter to the following	
(Name of Contac	t Person)
(Firm/ Comp	any)
Ce7 NF 16.8 TH SAVE	eet
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
North Miami Beach FC (City/ State and 7	33162
(City/ State and Z	(ip Code)
Grmpa Law agmail. com E-mail address to be used for future annual	report notification)
	report nonneamon)
For further information concerning this matter, please call:	
(Name of Contact Person)	at 305 (651-599/
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida	da Department of State:
☐ \$35-Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certified Copy (Additional copenclosed)	Certificate of Status
	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
•	The Centre of Tallahassee
Tallahassee, Fl. 32314	2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation

of

MT Olivette M	ssionary Baptist	Church, Frec.
(Name of Corporation as currently filed with the l	lorida Dept. of State)	
718	519	
(Docume	it Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the o	orporation:	
		Th.,
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the	The new eabbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u> </u>	202
D. If amending the registered agent and/or registo	red office address in Florida, enter t	he name of the
new registered agent and/or the new registered		<u> </u>
Name of New Registered Agent:		
_		<u> </u>
New Registered Office Address:	(Florida stre	et address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	vistered Agent:	
I hereby accept the appointment as registered agent.		gations of the position.
	Signature of New Registered Age	ent, 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.

Time bones, Tan Remo	iv, with builty limit	in, br us un nuu.	
Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add	TR	Harris, Ultrina	1672 NW 1 st AVE #2 miami, FC 33136
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or additional sh	ding additional A neets, if necessary	Articles, enter change(s) here:). (Be specific)	

•		
	<u> </u>	
	<u> </u>	
		
	······································	
		
		
The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this blocdocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will r partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes east for the amendment(s) al.	

Dated Suly 18, 2024 Signature Miller (By the chairman or vice chairman of the board, president or other officer-if directors)	nere are no members o lopted by the board of	iere ai lopted
·	Dated	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	(By th	
Glern R. Miller (Typed or printed name of person signing)		
Registered Agent (Title of person signing)		