721560

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: First Baptist CA	surch of Southwest Broward INC.
DOCUMENT NUMBER: 721560	
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Matthew Sibert	
(Nar	ne of Contact Person)
First Baptist	Lunch
	(Firm/ Company)
2700 N. Palm. Ave.	
	(Address)
Hollywood, FL 33	026
(Cir	y/ State and Zip Code)
Matthew. Siberta	FBC Broward. Com
For further information concerning this matter, please call:	•
Matthew Sibert	at <u>954 - 850 - 9663</u> (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
A)	#3.75 Filing Fee & S52.50 Filing Fee ertified Copy Additional copy is nclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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 Florid	la Dept. of State)
	1 00 1 (01)
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:
	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	
<u></u>	
	72 7
	-
C. Enter new mailing address, if applicable:	SS ³ . ⋅ ⋅ Γ
(Mailing address MAY BE A POST OFFICE BOX)	
	ORNI
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	<u>ce address:</u>
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
	Signature of New Registered Agent if changing
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	V ()	Paul E Sargent	99/1 NW 29 th Ct. 140/14 wood, FL 33024
Remove 2) Change	<u> </u>	Dwight Hearn	7630 NW 5th St. Pembroke Pine, FL 33020
Add Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			ZUZZ JUL -5 JALLAHASSEE.
Remove 6)ChangeAdd			AH II: 02
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
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date this document was signed.	n:	, ii omer man me
date this document was signed.		
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	es not meet the applicable statutory filing requirements, this date will not beent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

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 $\frac{6/24/22}{}$
Signature Signature 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)
Matthew Sibert (Typed or printed name of person signing)
j
Secretary Treasurer (Title of person signing)
F JUL AHA
SSE 5
AMII: 02