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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	HEL BAPTIST CE	HURCH, INC.	OF OPA LOCKA
741771 DOCUMENT NUMBER:		- <del></del>	
The enclosed Articles of Amendment and fee are submitt	ted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Paula Davis			
(Na	ame of Contact Pe	rson)	
Greater New Bethel Baptist Church, Inc. of Opa-locka			
	(Firm/ Company	)	· · · · · ·
17025 NW 22nd Avenue			
	(Address)		
Miami Gardens, Florida 33056			
(Ci	ity/ State and Zip C	Code)	
gnbbc@bellsouth.net			
E-mail address: (to be used for	r future annual rep	ort notification	)
For further information concerning this matter, please cal	1:		
Paula Davis	at	305	331-2874
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payab	ole to the Florida D	Department of S	State:
(,	643.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

GREATER NEW BETHEL BAPTIST CHURCH, INC. OF OPA LOCKA

(Name of Corporation as currently filed with the Flor	rida Dept.	of State)			
741771dfr55455					
(Document N	Number of	Corporati	ion (if know	'n)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	Statutes, thi	is <i>Florida</i>	Not For P	rofit Corporation	adopts the following
A. If amending name, enter the new name of the corp	poration:				
	·				The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	rporation"	or "incor	rporated" o	r the abbreviatio	n "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE			-		
			<del></del>		2005
		187			ى <u>-</u> 
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	)				<u>ن</u>
	<del></del>				—— <u>ట</u> —
					<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off			Florida, en	ter the name of t	<u>he</u>
	nec addre.	<del>23.</del>			
Name of New Registered Agent:	<del></del> -			<u>-</u>	
			(Florid	street address)	
New Registered Office Address:			() 107 161	i sireer uuuressy	
				, Flori	da
	(C	ity)	-	(Zi <sub>l</sub>	Code)
New Registered Agent's Signature, if changing Registo	tered Ager	nt:			
I hereby accept the appointment as registered agent. I at	am familiar	with and	accept the	obligations of the	e position.
<del></del>	Signatu	re of New	Registered	Agent, if changi	ng

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 Do V Mike Jo SV Sally Si	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Director	Larry Jones	670 NW 199th Sreet Miami Gardens, FL 33169
xxxx Remove			
2) Change Add			
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	
		·	
<del></del>			

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		<del></del>			
The date of each amendment(s) date this document was signed.	adoption:				, if other than the
Effective date <u>if applicable</u> :	August 13, 2020				
	(no more than	90 days after ame	endment file date)		
Note: If the date inserted in this document's effective date on the	block does not meet the Department of State's re	applicable statute ecords.	ory filing requireme	ents, this date will no	at be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

	no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.
	August 13, 2020 Dated
S	(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)  OEPARA DADMOS
	(Typed or printed name of person signing)
	(Title of person signing)