743095

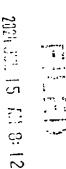
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COVER LETTER

TO: Amendment Section Division of Corporations

St. Mark's Episcopal Church of Venice Florida, Inc. NAME OF CORPORATION:	
743095 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eileen Coutras	
(Name of Contact Person)	
St. Mark's Episcopal Church of Venice Florida, Inc.	
(Firm/ Company)	
513Nassau Street, South	
(Address)	
Venice, FL 34285	
(City/ State and Zip Code)	
eileen@stmarksvenice.org	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
Eileen Coutras 941	
(Name of Contact Person) at (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of	State:
Certificate of Status	60 Filing Fee ficate of Status fied Copy itional Copy is osed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

St. Mark's Episcopal Church of Venice Florida, Inc.

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	the state of the s
(Name of Corporation as currently filed with the Florida I	Dept. of State)
743095	2024 JUL 15 JUL 8: 12
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corporati	ion:
N/A	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	-
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	
···	daress:
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	rrioriaa street aaaress)
	, Florida
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	
Sis	gnature of New 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= Trustec; 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	<u>V</u> <u>N</u>	ohn Doe Jike Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add	<u>S</u>	Eileen Coutras	North Port, FL 34288
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		al Articles, enter change(s) here: ary). (Be specific)	
N/A			
	<u></u> .		

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The date of each amendment(s) adoption: date this document was signed.				, if other than the
Effective date <u>if applicable</u> :	nore than 90 days aft			
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable f State's records.	statutory filing re-	quirements, this date	e will not be listed as the

(CHECK ONE)

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

Adoption of Amendment(s)

was/were sufficient for approval.

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 6/21/2024
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)
The Rev. Mike Rau (Typed or printed name of person signing)
Rector

(Title of person signing)

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