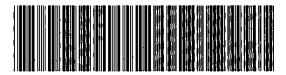
744109

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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10 OCT 25 AM 8: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 8, 2010

Sharon Perez 6565 Red Road Coral Gables, FL 33143

SUBJECT: THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI

Ref. Number: 744109

We have received your document for THE FIRST UNITED METHODIST CHURCH OF SOUTH MIAMI and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 510A00023961

Articles of Amendment to Articles of Incorporation

FILED

2010 OCT-25 AM 8: 81

	Number of Corporati	ion (if known)		
cursuant to the provisions of section 617.10 me following amendment(s) to its Articles of		, this <i>Florida Not F</i>	or Profit Corporation	adopi
. If amending name, enter the new nam	e of the corporatio	n:		
he new name must be distinguishable an bbreviation "Corp." or "Inc." <u>"Comp</u> an				- e
B. Enter new principal office address, if Principal office address MUST BE A STR		·		_
rtincipui office unuress <u>in OSI BE A SIR</u>	<u>LEI ADDICESS</u>)			
·		·		_
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF				
(Mauring unaress MAT BEAT OST OF	· ·			
				_
o. If amending the registered agent and/	or registered office	address in Florida	, enter the name of t	- he
new registered agent and/or the new r	egistered office add	dress:		
new registered agent and/or the new i		•		
Name of New Registered Agent:		<u> </u>		
Name of New Registered Agent:		'da street address)	·	
	(Flori	ida street address)	Elouido	
Name of New Registered Agent:	(Flori	ida street address) (City)	, Florida_ (Zip Code)	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Deborah Leslie	14292 SW 120th Court Minnight 33186.	Add Remove
NB	Loutash.	6931 S.W. 64 Ct	Add
I	Peter Lane	3813 SW 82 nd Townhouse #33 Mism: Fl 33156.	Add Remove
E. If amend (attach ad	ling or adding additional Articles, enter ditional sheets, if necessary). (Be specified)	change(s) here:	
·			
			<u> </u>
	·		
<u> </u>			
		·	

The date of each amendment(s) adoption: 9-22-10
(date of adoption is required)
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)
(no more than 50 days after amenament file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the 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 9-22-10
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)
(Typed or printed name of person signing)
(Tific of person signing)
Lou Tash - VP

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