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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	FIRST BAPTIST CI St	IURCH OF LONG	-WOOD, 	INC	
74 DOCUMENT NUMBER:	8727				
The enclosed Articles of Amer					
Please return all correspondence	ce concerning this matte	er to the following:			
ROGER BECKLER					
		(Name of Contact	Person)		
PIRST BAPTIST CHURCH C	F LONGWOOD, INC.				
		(Firm/ Compa	ny)		
891 EAST STATE ROAD 436	ı				
		(Address)			
LONGWOOD, FLORIDA 32	750				
		(City/ State and Zip	p Code)		
rbeekler@fbclongwood.org					
Е-п	nail address: (to be used	for future aimual r	eport not	ffication	1)
For further information concer	ning this matter, please	call:			
ROGER BECKLER		,	321 at		
(1)	ame of Contact Person		(Arca	Code)	(Daytime Telephone Number)
Enclosed is a check for the following	owing amount made pa	yable to the Florida	a Departn	nent of	State:
□ \$35 Filing Fee □	IS43.75 Filing Fee & Certificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

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THE BATTIST CHORCH OF EGACWOOD,												
(Name of Corporation as currently filed with th	ie Florida l	Dept. of State)										
748727												
+Docu	ment Numb	er of Corporati	on (if known)									
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida</i>	Not For Profit Corpor	ation adopts	the follo	owing						
A. If amending name, enter the new name of the	<u>ie corporal</u>	tion:										
N/A					The	e new						
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		tion" or "incor	porated" or the abbrev	iation "Corp								
B. Enter new principal office address, if applica	able:	N/A										
(Principal office address <u>MUST BE A STREET</u> .	<u>S</u>) _{N/A}											
		N/A										
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	N/A										
		N/A										
		N/A		ALL	33S <u> </u>	30.2						
D. If amending the registered agent and/or reg	istered offi	ce address in F	lorida, enter the name	e of the	AUG.	<u> </u>						
new registered agent and/or the new registe					~ ~	; =						
Name of New Registered Agent:	N/A			ļai.	ੇ ਼	 						
	N/A			108 108 108 108	ို့ ထဲ							
New Registered Office Address	:		(Florida street address		59							
	N/A			Florida N/A								
		(City)		(Zip Code)								
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered ut. Lam få	Agent: miliar with and	accept the obligations	of the positio	n.							
-	Si	gnature of New	Registered Agent, if ch	anging								

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 De Y Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	MONCRIEF, BRUCE	891 EAST STATE ROAD 434 LONGWOOD, FL 32750
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
6) Change Add			
E. <u>If amending or adding</u> (attach additional sheet	g additional Artic s. if necessary).	cles, enter change(s) here; (Be specific)	
N/A			

N/A	
	· · · · · · · · · · · · · · · · · · ·
	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 8/1/2024	
(no more than 90 days after amendment	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date will not 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.

Adoption of Amendment(s) (CHECK ONE)

f:	8/1/2024 Sated
17	
ς	ignature Joek 1600
٠,١	(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)
	DONALD ROGER BECKLER
	(Typed or printed name of person signing)

(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

FIRST BAPTI: NAME OF CORPORATION:	ST CHURCH OF LONG	WOOD, INC	
748727 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this	matter to the following:		
ROGER BECKLER			
	(Name of Contact	Person)	····
FIRST BAPTIST CHURCH OF LONGWOOD.	. INC		
	(Firm/ Compa	iny)	
891 EAST STATE ROAD 434			
	(Address)		
LONGWOOD, FLORIDA 32750			
	(City/ State and Zi	ip Code)	
rbcekler@fbclongwood.org			
E-mail address: (to be	used for future annual	report notificatio	n)
For further information concerning this matter, p	olease call;		
ROGER BECKLER		321 at	377-4141
(Name of Contact Po			(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ide payable to the Florid	a Department of	State:
' S35 Filing Fee S43.75 Filing Fee Certificate of Str		Certif y is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Sect	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FC 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303