749224

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATI	ARIPEKA BAPTIS'	T CHURCH		
DOCUMENT NUMBER:	749224			
The enclosed Articles of Ar				
Please return all correspond	lence concerning this matt	er to the following:		
JOYCE MATTSON				
		(Name of Contact P	erson)	
ARIPEKA BAPTIST CHU	RCH			
		(Firm/ Compan	y)	
P.O. BOX 38				
		(Address)		
ARIPEKA, FL 34679				
		(City/ State and Zip	Code)	
JOYCEMMATTSON@GN	AAIL.COM			
	E-mail address: (to be used	for future annual re	port notificatio	n)
For further information con	cerning this matter, please	call:		
JOYCE MATTSON		a.e		356-1496
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida	Department of	State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	icate of Status ied Copy tional Copy is
Mailing A			reet Address	
	ent Section		nendment Sect	

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) ARIPEKA BAPTIST CHURCH

ARIPEKA BAPTIST CHURCH			
(Document Nu	mber of Corporation (if ki	nown)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not Fo	r Profit Corporation adopts	the followin
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	l" or the abbreviation "Corp	o." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>ss</u>)		
			
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered of	office address in Florida	enter the name of the	
new registered agent and/or the new registered office		enter the name of the	
Name of New Registered Agent:			
 -		orida street address)	·
New Registered Office Address:			
		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered agent. I am	familiar with and accept	the obligations of the position	on.
	C: CM D	1.1	

Signature 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 = 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 Y Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>T</u>	JORENE L. WEBB	
× Remove			
2) Change Add	<u>T</u>	JOYCE M MATTSON	9412 NEW YORK AVE. #179 HUDSON, FL 34667
x Remove 3) Change Add Remove	ASSTT	JOYCE M. MATTSON	
4) Change Add	ASSTT	PATRICIA SIMS	3318 MANGROVE DR HERNANDO BEACH, FL 34607
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
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			_	
The date of each amendment(s) adopt date this document was signed:	tion:			if other than the
Effective date if applicable:				
	(no more than 90 days a	fter amendment file date)		
Note: If the date inserted in this block of document's effective date on the Depart		e statutory filing requireme	ents, this date will not b	e listed as the
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.

	AUGUST 17, 2022
Dated	
Signatur	(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)
	JOYCE M. MATTSON
	(Typed or printed name of person signing)

(Title of person signing)

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