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## COVER LETTER

**TO:** Amendment Section & Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	EBENEZE	MISSIONARY	BAPTIST CHURCH,	ENCORPORATE
DOCUMENT NUMBER:	75289	1		<del></del>
The enclosed Articles of Amenda	-		-	
Please return all correspondence (	concerning this matte	r to the following:		
Bau	N RAINES			
		(Mame of Contact Person	1)	
Ebinehr	- MISSLONAR	Y BAPTIST CH	hall the	
		(Firm/ Company)		<del></del>
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<u> </u>	30x 8115	6 2		
		(Address)		
BOCA	RATION FI	- 33481 City/ State and Zip Code		
	(	City/ State and Zip Code	2)	
E-mail	address: (to be used	hoo . Com	notification)	
for further information concerning				
				افت درین درین
Bran Rain	es	at	561 - 445 · 340 6 ea Code) (Daytime Telephone	Number
(Nam	e of Contact Person)	(Are	ea Code) (Daytime Telephone	Number)
inclosed is a check for the follow:	ing amount made pay	able to the Florida Depa	rtment of State:	<del>-</del> -
\$35 Filling Fee	3.75 Filing Fee & [	DS43.75 Filing Fee &	□\$52.50 Filing Fee	1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Ce	ertificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy	11 W
		encioseu)	(Additional Copy is Enclosed)	
Mailing Addres		Street A	Address	
Amendment Sec Division of Corp			nent Section	
Division of Colb	rorations	Divisior	of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

PBENEZER MISSION BRY BAP Name of Corporation as currently filed with the Florida I	FIST CHURCH	, ENCORPORATED	
752891	pept. or state)		
	er of Corporation (if kno	wn)	
ursuant to the provisions of section 617,1006, Florida Statute mendment(s) to its Articles of Incorporation:	•	·	wing
. If amending name, enter the new name of the corporati		Th.	new
ime must be distinguishable and contain the word "corporat Company" or "Co." may not be used in the name.	ion" or "incorporated"	or the abbreviation "Corp." or "In	new uc. "
Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
If amending the registered agent and/or registered office	a address in Elevido es		
new registered agent and/or the new registered office ad	ldress:	iter the name of the	
Name of New Registered Agent:	NIA		<u>-</u>
New Registered Office Address:	(Floric	la street address)	
		Florida (Zip Code) -	
	(City)	(Zip Code)	. <del>.</del> .
w Registered Agent's Signature, if changing Registered A wereby accept the appointment as registered agent. I am fam	<mark>Agent;</mark> iliar with and accept the N/A	obligations of the position.	7

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 I.           V         Mike .           SV         Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	TR	BRIAN RAINES	200 NE 12 th ST BOUN RATIN FL 33432
Remove			·
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. <u>If amending or additional shee</u>	ets, if necessary).		
	N/A		

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The date of each amendment(s) adoption:	8/27/2023	, if other than the
date this document was signed.	4127 ho23	
Effective date if applicable:	more than 90 days after amendment file date)	
	of meet the applicable statutory filing requirements, this da	te will not be listed as the
	HECK ONE)	
	the members and the number of votes east for the amendm	ent(s)

Ц	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 $\frac{9/1(2\nu^2)}{2\nu^2}$
	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)
	TYCOAUOA D. PASCASCEO (Typed or printed name of person signing)
	Secretanu

(Title of person signing)