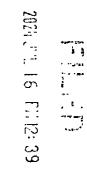


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COVER LETTER

TO: Amendment Section Division of Corporations

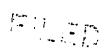
Tallahassee, FL 32314

NAME OF CORPORATION:	of Newberry, Inc.		
754233 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	.		
Please return all correspondence concerning this matter	er to the following:		
Mecca Senterfitt			
	(Name of Contact Person	on)	
First Baptist Church of Newberry, Inc.			
	(Firm/ Company)		
PO Box 309			
	(Address)		
Newberry.Florida 32669			
	(City/ State and Zip Co	de)	
Newberryfirstbaptist@gmail.com			
E-mail address: (to be used	for future annual repor	Tnotification	1)
For further information concerning this matter, please	call:		
Mecca Senterfitt	3 at	52	472-2351
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is 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	Amer Divis	t Address ndment Secti ion of Corpo Centre of T	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



First Baptist Church of Newberry, Inc.

		0201
(Name of Corporation as currently filed with the Florid	la Dept. of State)	2021; (1 15 Pil 12: 4
754233		
(Document Nu	mber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
N/A		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	oration" or "incorporated"	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u>SS</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 onew registered agent and/or the new registered officers.		nter the name of the
N/A		
Name of New Registered Agent:		
	(Flor	ada street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I an	s familiar with and accept th	e obligations of the position.
	Signature of New Register	ed toent if changing
	migration of the mark that the	cm regerre, of commercing

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)

e e e e

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	<u>V</u> <u>Mike</u>	Doe S Jones S Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PS	Ronnie Roland	
x Remove			
2) Change Add	D	Bob Hooie	
X Remove	P	William Clayton Martin, Jr.	3826 NW 266th Street Newberry, FL 32669
4) Change	<u>V</u>	Harold Rolad	1104 NW SR 45 Newberry, FL 32669
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she	ing additional A sets, if necessary,	articles, enter change(s) here:). (Be specific)	
N/A			

<u> </u>	
	<u> </u>
	<u></u>
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment fil	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

other officer-if directors
f a receiver, trustee, or
signing)

(Title of person signing)