

N000000002422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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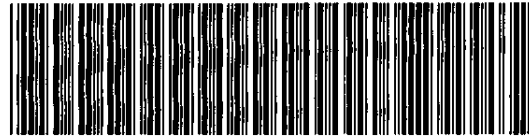
(Business Entity Name)

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2010 DEC 16 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*12/16/10*

*X0078900524,00671*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** New Life Lutheran Church, Lutheran Church-Missouri Synod Inc.

**DOCUMENT NUMBER:** N000002422

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christy Argibay

(Name of Contact Person)

New Life Lutheran Church, Lutheran Church-Missouri Synod Inc.

(Firm/ Company)

2951 SW 186 Avenue

(Address)

Miramar, FL 33029

(City/ State and Zip Code)

office@newlifemiramar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Argibay

(Name of Contact Person)

at ( 954 ) 430-1989

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



RECEIVED

10 DEC 16 AM 8:59

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 8, 2010

Christy Argibay  
New Life Lutheran Church  
2951 SW 186 Avenue  
Miramar, FL 33029

SUBJECT: NEW LIFE LUTHERAN CHURCH, LUTHERAN CHURCH -  
MISSOURI SYNOD, INC.  
Ref. Number: N00000002422

We have received your document for NEW LIFE LUTHERAN CHURCH, LUTHERAN CHURCH - MISSOURI SYNOD, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. The first page is missing. I have enclosed a blank first page that you can fill out and return to us when you resubmit the amendment.

~~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: 210A00028537

*\*My apologies for the error in mailing.  
Thank you  
Christy Argibay  
New Life Lutheran Church*

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2010 DEC 16 PM 3:08

New Life Lutheran Church, Lutheran Synod, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NO0000002422

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

N/A

**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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>McKay, William</u>	<u>3051 SW 194 Terrace</u> <u>Miramar, FL 33029</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>DuBosq, Edward</u>	<u>15620 Huntridge Road</u> <u>Davie, FL 33331</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>Neitzel, Scott</u>	<u>332 SW 194 Avenue</u> <u>Pembroke Pines, FL 33029</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

[illegible]

**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>	<u>Address</u>	<u>Type of Action</u>
FS	Neitzel, Monica	332 SW 194 Avenue Pembroke Pines, FL 33029	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
FS	Brady, Jodi	131 NW 162 Avenue Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	Tino, James	6709 Ficus Drive Miramar, FL 33023	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

**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>	<u>Address</u>	<u>Type of Action</u>
T	Brady, Jodi	131 NW 162 Avenue Pembroke Pines, FL 33028	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	Vasknetz, Janette	21500 NW 8 Court Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Luebcke, John	17885 SW 10 Court Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

The date of each amendment(s) adoption: May 30, 2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment 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 November 21st, 2010

Signature Edward DuBosq  
(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)

Edward DuBosq  
(Typed or printed name of person signing)

President  
(Title of person signing)