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SECRETARY OF STATE

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SECOND SI	HILOH MISSIONARY BAPTIST CHURCH, INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning the	his matter to the following:
IRMA E. TAYLOR	
	(Name of Contact Person)
SECOND SHILOH MISSIONARY BAPTIST	F CHURCH, INC
	(Firm/ Company)
PO BOX 847	
	(Address)
SANFORD, FL 32771	
	(City/ State and Zip Code)
secondshifohfinance1@outlook.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter.	. please call:
IRMA E. TAYLOR	386 848-6180 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount in	nade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing F Certificate of \$	Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee
Mailing Address	Street Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

SECOND SHILOH MISSIONARY BAPTIST C	of THIDCH AND	FILER
tName of Corporation as currently filed with the Notion No	ne Florida Dept. of State)	FILED  2024 AUG -5 PM 3: 40
(Docu	ment Number of Corporation (if kn	own) TATE OSY OF CT.
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For	own) TALLAHASSES TATE  Profit Corporation adopts the following
A. If amending name, enter the new name of the	he corporation:	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan	d "corporation" or "incorporated <mark>ne</mark> .	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applic	able:	
(Principal office address MUST BE A STREET)	<u>aDDRESS</u> )	
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
	<del></del>	
N. 46	<u>-</u>	
<ul> <li>If amending the registered agent and/or reg new registered agent and/or the new registe</li> </ul>	<u>istered office address in Florida, (</u> red office address:	enter the name of the
	IRMA E. TAYLOR	
<u>Name of New Registered Agent:</u>	2150 91 - 1150 000 000 000	·
	2150 W. AIRPORT BLVD	
New Registered Office Address		oda streci uddressi
	SANFORD	32771
	(City)	Florida (5777) (Zip Code)
New Registered Agent's Signature, if changing	Dogictored Court	•
I hereby accept the appointment as registered ages	wegistered Agent: nt. I am familiar with and accept to	he obligations of the position.
	_	
_	AMC L Signature of New Register	ly lar
	Signature of New Register	ed 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; I - 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	DT	HUGGINS, LENWARD	115 SCOTT DR. SANFORD, FL 32771
A Remove  2) Change Add	DT	HARRIS, ALFRED JR.	1208 STONEBROOK DR SANFORD, FL 32773
Remove 3 ) Change Add Remove			
4) Change Add			
Remove 5) Change Add		······································	
Remove 6) Change Add Remove			
	e additio s, if nece.	nal Articles, enter change(s) here: ssary). (Be specific)	

·		
		<del></del>
		·
		<del></del>
		<del></del>
The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the amendment(s) l.	

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 7/28/2024
Signature Brenda Heleburt
(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 (iduciary by that fiduciary)
Brenda Gilchrist
(Typed or printed name of person signing)
FiNance
(Title of person signing)