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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Temple of God Bap	tist Chruch Inc			
DOCUMENT NUMBER:	N01000004219				
The enclosed Articles of An		omitted for filing.			
Please return all correspond	ence concerning this matt	ter to the following:			
Bennie F. McCrae					
		(Name of Contact F	Person)		
Temple of God Baptist Chr	uch Inc				
		(Firm/ Compar	ıy)		
116 JoAnn Street					1
		(Address)			
Perry, Fl. 32348					
		(City/ State and Zip	Code)		
benniemccrae@gmail.com					
F	E-mail address: (to be used	d for future annual re	port notifi	cation)	
For further information cond	cerning this matter, please	e call:			
Bennie F. McCrae		а	850 t	672-0867	
	(Name of Contact Person		(Area Co	ode) (Daytime Telepho	ne Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	Departme	nt of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is C	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	1 1
Division o P.O. Box	ent Section of Corporations	A D T	he Centre		!

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Temple of God Baptist Chruch Inc		2313.	3 0 -	
(Name of Corporation as currently filed with the Florida D	ept. of State)	2010.	<u>=2 ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</u>	ੀ <i>ਏ:</i> 50
N01000004219				
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation ac	iopts the	e followin
A. If amending name, enter the new name of the corporati	on:			
Temple of God Baptist Church Inc				The new
name 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."	
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			l I	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
in the second se			,	
				_
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.		ie name of the		
	idi ess.			
Name of New Registered Agent:				
	(Florida stree	at suldrages		
New Registered Office Address:	The test street	r and carry		
		, Florida		
	(City)		iode)	
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the oblis	zations of the p	osition.	
Benna	e y Clare		 	
Sig	gnature of New Registered Age	nt, 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	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional ts, if necessar	Articles, enter change(s) here: ry). (Be specific)	1
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The date of each constant with a second	n:	i Caraban aban aban
date this document was signed.	n:	, if other than the
date tins document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
	es not meet the applicable statutory filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
√		
The amendment(s) was/were adopted was/were sufficient for approval.	I by the members and the number of votes cast for the amendment(s)	

	06/15/2020
Dated	00/13/2020
Signature	Benne McCrae
·9·····	(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)
	Bennie F. McCrae
	(Typed or printed name of person signing)
	Chairman - Deacon Board