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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: TEMPLE	of GOD Baptist Church INC
DOCUMENT NUMBER: NO 1040,00	
The enclosed Articles of Amendment and fee are suf-	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
BENNE Mecne	
	(Name of Contact Person)
	(Firm/ Company)
105 Sanda Street	
	(Address)
Perry 3la 32348	
1 July July 13 17 1	(City/ State and Zip Code)
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
Tot stitutes intornation concerning that states pro-	
	at
(Name of Contact Person	on) at
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	aptist Chri	ich Inc
(Name of Corporation as currently filed with the Florida	Dept. of State)	
NO1000	nber of Corporation (if	
(Document Nun	iber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>	
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of	ffice address in Flaria	in onter the name of the
new registered agent and/or the new registered office		Manager the hame or the
Name of New Registered Agent:		
		(Florida street uidross)
New Registered Office Address:		
		Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
Thereby accept the appointment as registered agent. I am	familiar with and acce	pt 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)

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>Doe</u> Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)ChangeAdd			
Remove 2) Change Add	Comunica-	Bennie Metrae	116 Joann Stut PEARY FL 32348
Remove 3) Change Add Remove	Truster	Martha McCine	114 Joann Street Parry Fear 32348
4) Change Add			
Remove			. 31.1
5) Change Add			
Remove			
6) Change Add			
Remove			
	dding additional A shevts, if necessary	articles, enter change(s) here:). (Be specific)	
-			

	
	
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The date of each amendment(s) adoption:	it other than the
date this document was signed.	
Effective date if applicable:	5/23/2022
Effective date if applicable: (no more than 90 days after amendment file date)	, ,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	of be listed as the
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 5/23/2022
Signature Benne MCL— (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 MCLRAE_ (Typed or printed name of person signing)
Bennie McCroce Chairman (Title of person signing)