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TALL AHASSEE, FLORID.

APPROYED AND FILED

C. LEWIS
FEB 2 1 2014
EXAMINER

## **COVER LETTER**

TO: Amendment Section, Division of Corporations	
NAME OF CORPORATION: BREEK Orthodox Mission of Greater OcalA, Inc	
DOCUMENT NUMBER: NO 4 00000 2559	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RENE MANOS (Name of Contact Person)	
(Name of Contact Person)	
SAINT MARK GREEK ORTHODOX CHURCH (Firm/Company)	
9926 S.E. 36 # AVE.	
(Address)	
BELLEVIEW, Fz. 34420 (City/State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RENE MANOS at (352) 36/- 50 92 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

APPROVEU AND FILED

## **Articles of Amendment** 14 FEB 20 PH 1: 12 Articles of Incorporation 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: SAINT MARK GREEK ORTHODOX CHURCH, INC 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 <u>MUST BE A STREET ADDRESS</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 office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: | RENE MANOS New Registered Office Address:

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.

Hene Mana
Signature of New Registered Agent, if changing

OCALA ,Florida 34476
(City) (Zip Code)

Page 1 of 4

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	PT John D V Mike J SV Sally S	lones 100 Cha	rge
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<del></del>		
2) Change Add			
Remove 3 ) Change Add			
Remove 4) Change Add			
Remove 5) Change			
Add Remove 6) Change	<u></u>		
Add			

If amending or adding a (attach additional sheets,	dditional Articles, er	nter change(s) here:		
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		2/17/14	APPROVED AND FILED	
The date of each amendment(s) ado date this document was signed.	ption:	4//////	FILED  14 FEB 20 PM 1: 1  ile date) RETARY OF STATE  FALL AHASSEE, FLOR	, if other than the
Effective date <u>if applicable</u> :	Imm.	EDIATELY	14 7 10 20 111 1	<del>  [</del>
	(no more than	90 days after amendment f	HALL AHASSEE, FLOR	107-
Adoption of Amendment(s)	(CHECK ON	Œ)		
The amendment(s) was/were ado was/were sufficient for approval.		rs and the number of votes	cast for the amendment(s)	
There are no members or member adopted by the board of directors		n the amendment(s). The a	mendment(s) was/were	
Dated 2/1	4/14	nas, Presi		
Signature Tee	ne Than	ras, Fresi	DENT	
		of the board, president or orporator – if in the hands		
	ppointed fiduciary by		· · · · · · · · · · · · · · · · · · ·	
RENE	E MANO	me of person signing)		
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PRES	IDENT			
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