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COVER LETTER

Division of Corporations NAME OF CORPORATION: Bethel Baptist Worship Center <u>050000095/6</u> DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: McNealy
(Name of Contact Person) Bethel Baptist Worship 840 36th Street West Palm Beach & T/ Uouisemenealy Damaile om

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

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

Enclosed)

Articles of Amendment

to

Articles	of	Incorporation
		o.f

Rethel Bootist Wa	orship (enter I	inc.
Name of Corporation as currently filed with the Flo	orida Dept. of State)		
N050000	095/6		
(Document	Number of Corporation (if)	inown)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts t	the following
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the word "co	orporation" or "incorporate	d" or the abbreviation "Corp.	The new ." or "Inc."
"Company" or "Co." may not be used in the name.	<u></u>	14/01	<i>i</i>
B. Enter new principal office address, if applicable:	840 3	16th Stree	2 7
(Principal office address MUST BE A STREET ADD	RESS) NEST P	alm Beac	26
	FLorid	a 33407	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
			20
	<u></u>		20,
			<u>- ₹</u> -
D. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florida office address:	enter the name of the	2
		•	
Name of New Registered Agent:		<u> </u>	````
			<u>. </u>
New Registered Office Address:	d	lorida street address)	
		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	istered Agent: I am familiar with and accep	t the obligations of the positio	n.
	Signature of New Regis	tered 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>V</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
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5) Change				
Add		.		
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	Page 3 of 4	
	1 age 5 01 4	
The date of each amendment(s) add date this document was signed.	option:	_, if other than the
Effective date if applicable:		
and it applicable	(no more than 90 days after amendment file date)	
document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not artment of State's records.	DE HSIEG AS THE
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add	opted 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.

Signature

Signature

(By the chairman or vice chairman of the boad 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)

Elouise Mealy

(Typed or printed name of person signing)