

NI 0000000 227

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020 JUN 23 PM 5:00

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Amend

JUN 18 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northside Baptist Church of Live Oak, Florida Inc.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc Grizzard
Name of Person

Northside Baptist Church of Live Oak, Florida Inc.
Firm/Company

12790 72nd Terrace
Address

Live Oak, FL 32060
City/State and Zip Code

kjb1611kjb@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Grizzard at (386) 688-6170
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NORTHside Baptist Church of Live Oak, Florida Inc.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/08/2010 and assigned
Florida document number N1 0000000227.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

- If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Director	Marc Grizzard	12784 72 nd Terrace	<input type="checkbox"/> Add
		LIVE OAK, FL 32060	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

Secretary	Beth Grizzard	12784 72 nd Terrace	<input checked="" type="checkbox"/> Add
		LIVE OAK, FL 32060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Secretary	Annette Selph	5713 112 th Place	<input type="checkbox"/> Add
		LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

Director	Timothy Hart	1515 Railroad SE	<input type="checkbox"/> Add
		LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

Director	Stephanie Selph	5713 112 th Place	<input type="checkbox"/> Add
		LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____

[Signature]

Signature of a member or authorized representative of a member

Marc Grizzard

Typed or printed name of signer

Filing Fee: \$25.00