N10764

(R	tequestor's Name)	
(A	ddress)	
	ddress)	
(C	ity/State/Zip/Phone #)	
`		
PICK-UP		MAIL
		
	Univers Entity Name	
(E	Business Entity Name)	
(L	Occument Number)	
		/
Certified Copies	Certificates of	Status
Certified Copies		.3:21
Special Instructions to	o Filing Officer:	
•		

Office Use Only



600356830066

12/28/20--01023--031 **43.75

Amund

FE3 0.8 7621 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ST CHURCH OF ORLANDO, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	following:
PAMELA GLINKA	
(Name	of Contact Person)
THE DOWNTOWN BAPTIST CHURCH OF ORLANDO, I	NC.
(Fi	rm/ Company)
120 E. PINE STREET	
	(Address)
ORLANDO, FL 32801	
(City/ S	state and Zip Code)
PAMGLINKA@GMAIL.COM	
E-mail address: (to be used for fun	ire annual report notification)
For further information concerning this matter, please call:	
PAMELA GLINKA	407 425-0200
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
/ (Add	5 Filing Fee & S52.50 Filing Fee Ged Copy Certificate of Status certified Copy (Additional Copy is Enclosed)
Mailing Address 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

Articles of Amendment Articles of Incorporation

	Articles of Amendment	
	to	7.
	Articles of Incorporation	. 7
THE DOWNTOWN BAPTIST CHURCH OF OR	of	÷*,
Name of Corporation as currently filed with th	e Florida Dept. of State)	ې
(Docur	nent Number of Corporation (if k	(nown)
ursuant to the provisions of section 617.1006, Flo mendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of th	e corporation:	
ame must he distinguishable and contain the word Company" or "Co." may not be used in the nam	l "corporation" or "incorporate e.	d" or the abbreviation "Corp." or "Inc."
. Enter new principal office address, if applica Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) N/A	
. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida	, enter the name of the
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·
<u>New Registered Office Address:</u>	(F	Clorida street address)
trew negistered Office Address:		
	N/A	, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing I	Registered Agent:	
The state of the s		t the obligations of the position
hereby accept the appointment as registered agen	t. I am familiar with and accept	ine congunous of the position.
nereby accept the appointment as registered agen	t. I am familiar with and accept	ine congunous of the position.

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 V SV	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) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additions if neces	onal Articles, enter change(s) here: essary). (Be specific)	
ARTICLE V. MANAGE	MENT is	hereby amended by deleting in its entirety ARTIC	LE V (2) and further amending
ARTICLE V (3) such tha	t it now b	ecomes ARTICLE V (2).	
			

		
		_
		
·-· · · · · · · · · · · · · · · · · · ·		
		
		
		·
	4 - 1	
The date of each amendment(s) adoption date this document was signed.	on: 100ember 13, 2020	, if other than the
date this document was signed.	Do male 1	
Effective date if applicable:	n: November 15, 2020 november 15, 2020 (no more than 90 days after amendment file date)	
	es not meet the applicable statutory filing requirements, this date will no	
document's effective date on the Departm	nent of State's records.	t 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 December 10, 2020
Signature Bill Sillman
(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)
B: // S; //- Men (Typed or printed name of person signing)
Chairman Board Trustees (Title of person ligning)