## NII 000006619

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SNL Church Inc. DOCUMENT NUMBER: N11000006619 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Moses Robbins (Name of Contact Person) SNL Church Inc. (Firm/ Company) 10837 US Highway 441 (Address) Leesburg, FL, 34788 (City/ State and Zip Code) rulesmanmoe@yahoo.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Martha Thompson (Name of Contact Person) (Area Code) (Daytime Telephone Number) inclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SNL Church Inc.				
(Name of Corporation as currently filed with the F	lorida Dept. of State)			
N11000006619				
(Documen	nt Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For Profit Co</i>	orporation adopts	the foll	lowing
A. If amending name, enter the new name of the co	orporation:			
			Th	e new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the al	hbreviation "Corp	. " or "	Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>O.Y.</u> )			<del></del>
D. If amending the registered agent and/or registered agent and/or the new registered		name of the		
Name of New Registered Agent:				
_	(Florida street a	(ddress)		
<u>New Registered Office Address:</u>		ኒ . Florida	2	
_	(City)	(Zip Çode)	[1]	'
New Registered Agent's Signature, if changing Reg		ione of the position	1 ~1	
I hereby accept the appointment as registered agent.	i am jaminar wun ana accept ine obuga	uons oj ine positio ,	n. 55	<u>;_}</u>
		- <b>}-</b>	. <del></del>	
	Signature of New Registered Agent	, if changing **	<u>က</u>	

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add	<u>T</u>	Martha A. Thompson	1649 Timber Ridge Circle Leesburg, Fl. 34748
Remove			
2) Change Add	<u>S</u>	Nancy N. Harvey	32417 Memory Lane Leesburg, FL, 34788
Remove 3 ) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
		***************************************	

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The date of each amendment(s) adoption: December 1, 2020 ate this document was signed.	, if other than th
ffective date if applicable: December 1, 2020	
(no more than 90 days after amendment file date)	
<b>Sote:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	te will not be listed as the
dontion of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Dated	December 1, 2020
ignatu	re de la companya de
	(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)
	Moses Robbins
	(Typed or printed name of person signing)

(Title of person signing)