N12000000970

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600329031346

05/19/19--01010--005 **45.75

19 HAY 13 PH 2: 06

SECT TARY OF STATE OF STATE OF STATE

MAY 2 1 2019

D CHISHING

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Christian Fellowship NAME OF CORPORATION:	Community Development Corporation		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Benjamin H. Parrott			
	(Name of Contact Person)		
Christian Fellowship Community Development Corpo	oration		
	(Firm/ Company)		
8100 NW 17 Ave			
	(Address)		
Miami, FL 33147		19 HAY	
	(City/ State and Zip Code)	ū	
pastorparrott@bellsouth.net		PH	0880 0880 0880
E-mail address: (to be used	for future annual report notification)		AAA
For further information concerning this matter, please of	call:	90	SKO E
Benjamin H. Parrott	305-282-2544		
(Name of Contact Person)		iber)	
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:		
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & I Certificate of Status	■\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Christian Fellowship Community Development Corporation

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
N12000000970		
(Document Number	er of Corporation (if known)	_
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the followi	ng
A. If amending name, enter the new name of the corporation	on:	
N/A	The no	2W
namemust be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name	ion" or "incorporated" or the abbreviation "Corp." or "Inc	n
B. Enter new principal office address, if applicable:	N/A	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		ن پ
	: X- :D=	= :
		윿
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	1111
		7
	2: 06	COMPORTION -
D. If amending the registered agent and/or registered offic		
new registered agent and/or the new registered office ad	ddress:	
Name of New Registered Agent:		_
	(Florida street address)	_
New Registered Office Address:	It makes to be taken (22)	
	, Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered.	<u>Agent:</u>	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.	
Si	gnature of New Registered 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: XChange X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	Lewis, Toyya	2751 SW 116 Ave Apt.103
Add			Miramar, FL 33025
X Remove			
2) Change	T	Unique Watkins	5700 NW 11 Ave
X Add			Miami, FL 33127
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)				
			-		
			·		
		·-			
					
		· · . 			
					
	·	-			
		- <u>-</u>			
					
					
	-		·		
			·		
		···			
					
			 _	··	
					

• •	May 1, 2019	
The date of each amendmedate this document was sign		, if other than the
Effective date if applicable	May 1, 2019	
Threeting date in applicable	(no more than 90 days after amendment file date)	
	n this block does not meet the applicable statutory filing requirements, this date will not in the Department of State's records.	be listed as the
Adoption of Amendment(s	s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was was/were sufficient for	s/were adopted by the members and the number of votes east for the amendment(s) rapproval.	
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	ay 1, 2019	
Signature	Lay N Jarnett	 -
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	Benjamin H. Parrott	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	