## N12 0000 11933

(Requestor's Name)			
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Miami	Bethany	Community	Church, INC
DOCUMENT NUMBER:	N 1200	0011933		<del></del>
The enclosed Articles of Amenda	nent and fee are sub	nitted for filing.		
Please return all correspondence of	oncerning this matte	er to the following:		
Cindy	Kim			
		(Name of Contact Person)		
		(Firm/ Company)		
519 South	Park	Ave.		
Soun ford	FL =	(Address)  2 17   (City/ State and Zip Code)		
				•
Dethan	UN KIM address: (to be used	og gmail. co	ification)	
For further information concerning	g this matter, please	cali:		
Cind	4 Kir	γ at A	Code) (Daytime Telephone	13
(Nam	e of Contact Person	) (Area	Code) (Daytime Telephone	Number)
Enclosed is a check for the follow	ing amount made pa	ayable to the Florida Depart	ment of State:	
S35 Filing Fee S4	3.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & 1 Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Addre Amendment Sec Division of Cor	etion		ent Section of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation of

(Name of Corporation as currently filed with the Florida D		FIURCH, IN	<u> </u>
N120000 11933	pepti or conte		
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit	Corporation adopts the follow	ving
A. If amending name, enter the new name of the corporati			
BETHANK COMMI	UNITY CHU	JRCH, INC The n	1ew
name must be distinguishable and contain the word "corporor" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	e abhreviation "Corp." or "Inc	:. "·
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA		
		2021	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2021 SEP - 1	ביר ביר
			<b>-</b> J
			<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter t	he name of the	MH 10: 43
Name of New Registered Agent:	NIA		
	(Florulu stre	vet address)	
New Registered Office Address:		-	
	· · · · · · · · · · · · · · · · · · ·	, Florida	
	(Ciṇ)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obli	igations of the position.	
	NIA		<u> </u>
\\	ionature of New Registered Ag	ent. 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	PT         John De           V         Mike Jo           SV         Sally Se	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add	CFO	Rani Reid	519 South Park Ave. Sanford: FL32711
Remove			
2) Change Add			
Remove  Change  Add  Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addi</u> (attach additional she		icles, enter change(s) here: (Be specific)	
	NI	A	
	<del></del>		
			<del></del>

The date of each amendment(s) adoption: August 31, 202
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
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.
Adoption 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.

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 August 31, 2021
Signature  (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)
Anderson Kim (Typed or printed name of person signing)
Pastor, President (Title of person signing)