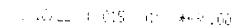
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Be+hany_	Commu	<u>inity</u>	Churc	h, INC.,
DOCUMENT NUMBER:	120000 11	133			
The enclosed Articles of Amendment	and fee are submitted	l for filing.			
Please return all correspondence conc	erning this matter to t	he following:			
	Cindu	J K ne of Contact Pers	<u>im</u>		
Bethany Co					
519 South Par	K Ave.				
Sanford FLOR bethanyh Kim &	21DA 321 (City	771 State and Zip Co	ode)		
E-mail add		uture annual repoi	t notification	)	
cindy	Kīm	atat	404	247	3243
	f Contact Person)	(.	Area Code)	(Daytime Tel	ephone Number)
Enclosed is a check for the following	amount made payable	e to the Florida Do	partment of S	State:	
S35 Filing Fee □S43.7 Certi	ficate of Status Ce (A	3.75 Filing Fee & criffed Copy dditional copy is aclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Ame Divis The 2415	et Address ndment Secti- sion of Corpo Centre of Ta 5 N. Monroe thassee, FL 32	rations allahassee : Street, Suite	810

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## Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Flori	1	CTOOP: ON FORTH
N 120000 11 933		
(Document N	umber of Corporation (if know	vn)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration;	
Bethany Presbyter name must be distinguishable and contain the word "corp	ian Church	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" (	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		thu thu name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ner the hame of the
Name of New Registered Agent:	NIA	
	NIA	
New Registered Office Address:	(Flori	la street address)
	N/A	Florida (Zip Code)
	,	(mp Couc)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a.		e abligations of the position.
	Signature of New Registere	ed Agent, if changing

and address of each Gattach additional she Please note the officer P = President; V= Vic	Officer and/ ets, if necess /director titl ee President, O = Chief F	for Director being added: sary) The by the first letter of the office title: The Treasurer: See Secretary: De Linancial Officer. If an officer/direct	e of each officer/director being removed an director: TR= Trustee: C = Chairman or Cler for holds more than one title, list the first letter	k; CEO = Chiefi
a change, Mike Jones	leaves the co		e is listed as the PST and Mike Jones is listed V and S. These should be noted as John Doe,	, PT as a Change
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	
1) Change Add				
Remove 2) Change Add				
Remove 3 ) Change Add Remove				
4) Change Add		_		
Remove  5) Change Add				
Remove 6) Change Add				
Remove	lding additi	onal Articles, enter change(s) here		· · · · · · · · · · · · · · · · · · ·
(attach additional s	sheets, if nec	essary). (Be specific)		r.l
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The date of each amendment(s) adopted date this document was signed.	on: 0	1/01/	12022			, if other than the
Effective date if applicable:						Ţ <u></u>
	(no more than 90	) days after	r amendment <sub>,</sub>	file date)		
The date of each amendment(s) adopted date this document was signed.  Effective date if applicable:  Note: If the date inserted in this block document's effective date on the Department adoption of Amendment(s)  The amendment(s) was/were adopted was/were sufficient for approval.	oes not meet the ap nent of State's reco	oplicable st ords.	tatutory filing	requirements	, this date will no	t be listed as the
Adoption of Amendment(s)	(CHECK ONE	<u>(</u> )				·····································
The amendment(c) washing adopted	d by the members	and the m	imber of vote	s cast for the r	mendment(s)	
was/were sufficient for approval.	a by the members	and the fit	most of vote	, can for the c		3 1 1 1 1

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.