## N13000006102

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| Certified Copies                       | Certificates       | of Status |
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| Special Instructions to I              | Filing Officer:    |           |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

| NEW FAI<br>NAME OF CORPORATION:                    | THLINE CHURCH INC  |
|--|--|
| N13000006902<br>DOCUMENT NUMBER:                   |  |
| The enclosed Articles of Amendment and fo          |  |
| Please return all correspondence concerning        | this matter to the following:  |
| MICHELA M BARBER                                   |  |
|  | (Name of Contact Person)   |
|  | (Firm/ Company)  |
| 7926 GRIMSBY LANE                                  |  |
|  | (Address)  |
| NEW PORT RICHEY FLORIDA 34655                      |  |
|  | (City/ State and Zip Code)   |
| UBMBBB@AOL.COM                                     |  |
| E-mail address: (                                  | to be used for future annual report notification)  |
| For further information concerning this matt       | er, please cali:   |
| MICHELA BARBER                                     | 727-271-8015   |
| (Name of Conta                                     | atat   |
| Enclosed is a check for the following amour        | nt made payable to the Florida Department of State:  |
| ☐ \$35 Filing Fee ☐ \$43.75 Filin<br>Certificate o | g Fee & \$\Bigcup \\$43.75 \text{ Filing Fee & Certificat Copy (Additional copy is enclosed)} \Bigcup \\$52.50 \text{ Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)} |
| Mailing Address                                    | Street Address   |
| Amendment Section Division of Corporations         | Amendment Section Division of Corporations   |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

FILED

| NEW FAITHLINE CHURCH INC   |                                 | 2021 JAN 25 PH 4: 55                          |
|--|---------------------------------|---|
| (Name of Corporation as currently filed with the F   | lorida Dept. of State)          |   |
| N13000006902   |                                 | SECRETARY OF STATE TAIL AHASSES, FL           |
| (Documer   | nt Number of Corporation (if kr | nown)   |
| Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:    | a Statutes, this Florida Not Fo | r Profit Corporation adopts the following     |
| A. If amending name, enter the new name of the c   | orporation:                     |   |
| name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.      | corporation" or "incorporated   | The new or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS) |                                 |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO                    | <u> </u>                        |   |
| D. If amending the registered agent and/or registe   | red office address in Florida,  | enter the name of the                         |
| new registered agent and/or the new registered   |                                 | ······································        |
| Name of New Registered Agent:  |                                 |   |
| <u>New Registered Office Address:</u>  | (Fh                             | rida street address)                          |
|  |                                 | , Florida                                     |
| _  | (City)                          | (Zip Code)                                    |
| New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.    |                                 | the obligations of the position.              |
|  | Signature of New Registo        | red 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: X Change X Remove X Add                   | <u>PT</u><br><u>Y</u><br><u>SV</u> | John Do<br>Mike Jo<br>Sally Sn | <u>nes</u>                                       |                              |
|--|------------------------------------|--------------------------------|--|------------------------------|
| Type of Action (Check One)                         | Title                              |                                | <u>Name</u>                                      | Address                      |
| 1) Change<br>Add                                   |                                    | -                              |  |                              |
| Remove   |                                    |                                |  |                              |
| 2) Change Add                                      |                                    | _                              |  |                              |
| Remove 3 ) Change Add Remove                       |                                    | _                              |  |                              |
| 4) Change Add                                      |                                    | _                              |  |                              |
| Remove   |                                    |                                |  |                              |
| 5) Change Add                                      |                                    | _                              |  |                              |
| Remove   |                                    |                                |  |                              |
| 6) Change Add                                      |                                    | _                              | ····   |                              |
| Remove   |                                    |                                |  |                              |
| E. If amending or addin<br>(attach additional shee |                                    |                                | cles, enter change(s) here:<br>(Be specific)     |                              |
| ARTICLE VI   |                                    |                                |  |                              |
| Dissolutions Clause:                               |                                    |                                | <u> </u>   |                              |
| New Faithline Church is o                          | organized                          | exclusiv                       | elv for charitable, religious, educational and s | cientific purposes,          |
| including, for such purpor                         | ses, the m                         | naking of                      | distributions to organizations that qualify as c | exempt organizations         |
| that qualify as exempt ore                         | anization                          | ıs describ                     | ed under Section 501(c)(3) of the Internal Re-   | venue Code, or corresponding |

| section of any future federal tax coc  | de.   |                     |
|--|---|---------------------|
| Upon the dissolution of the organiz  | ation, assets shall be distributed for one or more exempt purposes within the                                 | neaning             |
| of Section 501(c)(3) of the Internal   | Revenue Code, or corresponding section of any future federal tax code, or sh                                  | all be              |
| distributed to the federal government  | nt, or to a state or local government, for public purpose.  |                     |
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| The date of each amendment(s) addate this document was signed.                       | doption: January 13, 2021   | if other than the   |
| Effective date if applicable:  |   |                     |
|  | (no more than 90 days after amendment file date)  |                     |
| <u>Note:</u> If the date inserted in this blo<br>document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will nepartment of State's records. | of be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |                     |
| ☐ The amendment(s) was/were as was/were sufficient for approve                       | dopted by the members and the number of votes east for the amendment(s) al.                                   |                     |

| 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 |
|---|
| other court appointed fiduciary by that fiduciary)  MICHELA M BARBER  |
| (Typed or printed name of person signing)  PRESIDENT  |
| (Title of person signing)   |