N13000009436

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R. WHITE JUL 17 2013

COVER LETTER

Division of Corporations Core Community Church Inc. NAME OF CORPORATION: N13000009436 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Oarla Cubero
(Name of Contact Person) Core Community Church, Inc. (Address)

(Address) Homestead, FL 33030 (City/State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at $\frac{305-247-6544}{(Area Code)}$ (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: S \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

en de la companya de	Articles of Amenda	ıent	
	to Articles of Incorpora	ation	
	of	ition	
Core Como	nunity Chi	irch Inc.	, E.J
(Name of Corporation a	s currently filed with	the Florida Dept o	State 8 PM 3:00
NIS	500000 943	6	
(Docume	nt Number of Corpora	tion (if known)	
Pursuant to the provisions of section 617,1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florid</i>	a Not For Profit Co	rporation adopts the following
A. If amending name, enter the new name of the o	corporation:		
	_		The ne
name must be distinguishable and contain the word ' "Company" or "Co," may not be used in the name.	'corporation" or "ince	orporated" or the ab	obreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>(OX</u>)		
D. If amending the registered agent and/or registence registered agent and/or the new registered		Florida, enter the t	name of the
Name of New Registered Agent:	Ketmia .	Zamora	
_	926 S	Bluebird	Ln.
New Registered Office Address:		(Florida street aa	ddress)
	Horrestea	4	, Florida 33035
_	(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>V</u> <u>Mik</u>	n Doe e Jones y Smith	-
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>A</u> _	Kristine Monsalve	14624 Sw 208 St Apt 201 Homestead FL 33032
2) Change Add	_A_	Carla Cubera	900 Cardinal PL Homestead, FL 3303
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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			-		
					
		-			
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	: listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast 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 7-02-19	
Signature Little	_
(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)	
Steven R. Mille	
(Typed or printed name of person signing)	
Level Paster	

(Title of person signing)