Division of Corporations Electronic Filing Cover Sheet

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•		Fax Number	:	(850) 617-6380		
	from:					
		Account Name	:	MACFARLANE FERGUSON & MCMULLEN	(CLEARW	ATER)
		Account Number				_
		Phone		(727) 441-8956		$\mathcal{C}_{\mathcal{C}}$
		Fax Number		(727) 442-8470	2020	
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Corporate Filing Menu

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(FAX)

P.002/007

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August 19, 2020

FLORIDA DEPARTMENT OF STATE

JOINING HANDS MISSION UNITED METHODIST CHURCH, INC. 3214 U.S. HIGHWAY 19 HOLIDAY, FL 34691

SUBJECT: JOINING HANDS MISSION UNITED METHODIST CHURCH, INC.

REF: N14000003974

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Articles of Amendment and Amended and Restated Articles of Incorporation must be filed separately.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

FAX Aud. #: H20000283349 Letter Number: 420A00015826 TO: Amendment Section

COVER LETTER

Division of Corporations	3			
NAME OF CORPORATIO		ANDS MISSION UNI	TED METHO	DDIST CHURCH, INC.
DOCUMENT NUMBER: _	N140000039) 74		
				
The enclosed Articles of Amo	endment and fee are subn	utted for Hing.		
Please return all corresponde	nce concerning this matte	r to the following:		
STEPHEN O. COLE				
<u> </u>		(Name of Contact Per	son)	
MACFARLANE FERGUSO	ON & MCMULLEN			
		(Firm/ Company)		
625 COURT STREET, SUI	TE 200			
		(Address)		•
CLEARWATER, FL 33756				
		(City/ State and Zip C	ode)	
soc@macfar.com				
E	-mail address: (to be used	for future annual repo	ort notification	n)
For further information cond	cerning this matter, please	; call:		
STEPHEN O. COLE		at	727	441-8966
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the i	following amount made p	ayable to the Florida I	epartment of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certif Certif (Addi Enclo	Diling Fee icate of Status icd Copy tional Copy is osed)
		Con	oot Address	

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

Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

P.004/007

Articles of Amendment Articles of Incorporation of

JOINING HANDS MISSION UNITED METHODIST CHURCH, INC.

Name of Corporation as currently filed with the Florida D	Dept. of State)
N14000003974	
(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 following
A. If amending name, enter the new name of the corporat	<u>ion;</u>
JOINING HANDS MISSION, INC.	The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	c/o Stephen O. Cole, Esq.
(Principal office address MUST BE A STREET ADDRESS	~
	Clearwater, FL 33756
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Post Office Box 603
	New Port Richey, FL 34653
	The state of the state of the
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ddress:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida sucrt address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.
S	ignature 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 Doc, 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 Do V Mike Jo SV Sally Si	nes	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>a</u>	MARY ASHCROFT	4550 Eastwood Lane Holiday, FL 34690
X Remove			
2) Change Add	<u>D</u>	MARIA BRANDES	New Port Richey, FL 34654
x Remove 3) Change x Add Remove	P/D	LYNN S. RYAN	11440 Dorian Court New Port Richey, PL 34654
4) Change Add	S/D	JAMES H. RYAN	New Port Richey, FL 34654
Remove	•		
5) Change Add	<u>D</u>	GEORGIA ANDERSON	Hudson, FL
Remove			
6) Change Add	<u></u>	IRENE MARCUS	Holiday, FL
Remove	•		
E. If amending or addj (attach additional she	ng additional Art ets; if necessary).	ticles, enter change(s) here: (Be specific)	
Amended and Restated	Articles of Incorpo	oration are filed separately.	
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The date of each amendment(s) adoption date this document was signed.	ption:	, if other than the
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 document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date warrener of State's records.	ill not be usted 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.

09/09/2020

Adoption of Amendment(s)

12:15MacFarlane Ferguson_ Clr Water

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(FAX)

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 14, 2020
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)
(Typed or printed name of person signing)
(Title of person signing)