NIH (CCC) 9622

(Requ	estor's Name)	
(Addre	ss)	·-
(Addre	ss)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



600372189266

09/01/21--01013--025 **35.00

2021 SEP - 1 All 8: 22

1 mund

SET 1.8 2021 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Galilee Baptist Church of Fort Myers Inc.
DOCUMENT NUMBER: 1/14-000009622
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pierre Omega Planchet (Name of Contact Person)
Galilee Baptist Church of Fort Myers/nc.
2425 Highland Ave F (Address)
Fort Myers, FL 33916 (City/ State and Zip Code)
Yossenelbyahoo-Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pierre One Plancher at 239-645-1716 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status Certified Copy (Additional Copy is enclosed) \$\bigcup \\$52.50 Filing Fee \& Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment

tu

Articles of Incorporation

Atti	of		
Galilee Bahtist Church of i	Fort Myers	s, Incorporate	d
(Name of Corporation as currently filed with the Florid	la Dept. of State)	7	
1////	9/22		S
(Document Nu	mber of Corporation	n (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida I	Not For Profit Corporation ad	opts the following
A. If amending name, enter the new name of the corpo	ration:		,
h//h			
name must be distinguishable and contain the word "corpo	oration" or "incom	posited" or the abbreviation "	The new
"Company" or "Co." may not be used in the name.	nunon or incorp	knaica of the appreviation	Corp. or the.
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u> <u>242:</u>	5 Highland As	senue_
	Fort M	5 Highland Av Yers, FL 339,	16
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2425	Highland 1	Avenue
	Fort r	Highland 1 Tyers, FL 3	<u>391</u> 6
		,	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		lorida, enter the name of the	
new registered agent aud/or the new registered orne	<u>:e #uuress.</u>		
Name of New Registered Agent:	YA		
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip C	
New Degistered Agent's Comesure of shareing Designation			
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		accept the obligations of the m	osition.

Signature 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
ind 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 D Y Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	∆ddres s
1) Change Add	5	Saint Fleuris Wiladine C.	1617 Red Codas DR
Remove 2) Change Add	_D	Saint Fleuris Wiladine C. Lifaite, Frank H.	Fort Myers FL 33907 4562 Diplomat Ct
Remove 3) Change Add Remove			Lehigh Acres, FL33971
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			
,		icles, enter change(s) here: (Be specific)	

<u></u>	
· · · · · · · · · · · · · · · · · · ·	
	
The date of each amendment(s) acd date this document was signed.	doption:, 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 blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s)

ď,	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 $08/26/21$
	Signature Plevel O Plaucher (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)
	TILIVE Omega Plancher (Typed or printed name of person signing)
	nember
	(Title of person signing)