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(Re	equestor's Name)	_	
(Ac	idress)		
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(Ĉi	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Вс	usiness Entity Name)		
(De	ocument Number)		
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SECRE LARY OF STATE
SECRETARY OF CORPORATIONS

C WCMAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RCH OF TAMPA	. INC.	<u> </u>
N16000004772 DOCUMENT NUMBER:			10 To 12
The enclosed Articles of Amendment and fee are subm	itted for filing.		٠.
Please return all correspondence concerning this matter	to the following:		
Rev. Ricky Polk			
(Name of Contact	Person)	
Bethel AME Church			
	(Firm/ Compa	ny)	
5100 Cumberland Drive			
	(Address)		
Tampa, FL 33619			
(City/ State and Zip	Code)	
bethelame16@gmail.com			
E-mail address: (to be used	for future annual re	port notification)
For further information concerning this matter, please c	all:		
Sis. Wanda Chatman		813 .t	321-6215
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida	Department of S	State:
S35 Filing Fee		Certifi is Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A D C	treet Address mendment Secti vivision of Corpo lifton Building 661 Executive C	rations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

BETHEL AME CHURCH OF TAMPA, INC.		<u>ب</u> با د
(Name of Corporation as c	urrently filed with the Flor	rida Dept. of State)
N16000004772		2
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<i>-</i>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		enter the name of the
Name of New Registered Agent:	*****	
New Registered Office Address:	(F)	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist lhereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	tered 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:			
$\frac{X}{X}$ Change $\frac{X}{X}$ Remove	PT V	John Doe	
X Add	<u>PT</u> <u>V</u> <u>SV</u>	Mike Jones Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)		Vared	
l) Change	D	Rev. Karaen Jackson Sims	12017 Timberhill Drive
Add			Riverview, FL 33569
X Remove			
2) Change	D	Rev. Ricky Polk	5016 East Cluster Ave.
2) Change			Tampa, FL 33617
Add Add			7 ampa. 1 L 35017
Remove			
2) Chausa			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
			
Remove			
6) 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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10.25.19	
The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not locument's effective date on the Department of State's records.	t be 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	
Signature Kay Long	
(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 lands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Kay Long	
(Typed or printed name of person signing)	
Chairperson	
(Title of person signing)	