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## **COVER LETTER**

		COVER LETTER		<b>د.</b>	
TO: Amendment Section Division of Corporatio	ns	COMMENT		(2	
NAME OF CORPORATION	Spirit of Life Metro	politan Community Chu	rch		Property of the second
	N16917				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following:			
Rev. Samuel Kader					
		(Name of Contact Person	1)	<del></del>	
New Life Metropolitan Co	mmunity Church				
		(Firm/ Company)			<del></del>
4133 Thys Rd.					
77.16		(Address)	-		<del></del>
New Port Richey, FL 346	53				
		(City/ State and Zip Cod	e)		
NewLifeMCCFL@aol.com	n				
·	-mail address: (to be use	d for future annual report	notification	1)	<del></del>
For further information cond	cerning this matter, please	e call:			
Rev. Samuel Kader		72 at	7	849-6962	
	(Name of Contact Person		rea Code)	(Daytime Telephone Number)	)
Enclosed is a check for the f	following amount made p	ayable to the Florida Dep	artment of	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

	Artic	les of Amendment	FO HER
•	Articl	to es of Incorporation	
•		of	,
Spirit of Life Metropolitan Community Church			
(Name of Corporation as currently filed with the	e Florida	Dept. of State)	
N16917			
(Docum	nent Num	ber of Corporation (if	(known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statu	ites, this <i>Florida Not</i> .	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corpori	ation:	
New Life Metropolitan Community Church Inc.			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ation" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
	<del></del>	4133 Thys Rd	
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A			
		FL 334653	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	4133 Thys Rd.	
		New Port Richey	
		FI 334653	
D. If amending the registered agent and/or reging new registered agent and/or the new registered.			da, enter the name of the
Name of New Registered Agent:		amuel Kader	
Nume of New Registered Agent.	4133 Thys Rd		
			(Florida street address)
New Registered Office Address:			
	New Po	ort Richey	, Florida <u>34653</u> (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			
- `		Ren Janua	
-			gistered Agent, if changing

Page 1 of 4

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>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>Р</u>	Rev. Samuel Kader	4133 Thys Rd New Port Richey, FL 34653
2) Change Add	<u>v</u>	Ronnie Dubignon	2301 Indian Key Dr. Holiday, FL 34691
Remove 3 ) Change X Add Remove	<u>T</u>	Aggie Whitman	1928 Hacienda Way Holiday, FL 34690
4) Change X Add	<u>s</u>	Ed Brassington	4523 Belfast dR New Port Richey, FI 34652
Remove Change Add Remove	<u>D</u>	Raven Hissner	1503 Landan St Holiday, FL 34690
6) Change Add	D	Hal Akers	9407 Central Ave Brooksville FL 34613
X Remove E. If amending or additional shape		Page 2 of 4  Articles, enter change(s) here:  (Be specific)	

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	Page 3 of 4		
	1/1-12		
The date of each amendment(s) adoption:	1/17/202,0		, if other than the
date this document was signed.			
Effective date if applicable:	1/17/2020		
(no r	nore than 90 days after amendm	ent file date)	
Note: If the date inserted in this block does not	t meet the applicable statutory fil	ling requirements, this date wil	I not be listed as the
document's effective date on the Department of	State's records.		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	1/17/2020
Signature	Rev Samuel Kall
~	By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Rev. Samuel Kader
	(Typed or printed name of person signing)
	President