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Division of Corporations

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		COVER LETTER		
TO: Amendment Section Division of Corpora				
NAME OF CORPORA	Bethany Baptist Minis	strics, Inc.		
DOCUMENT NUMBE	N17000001328			
The enclosed Articles of	Amendment and fee are subm	itted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
GOL Henriques, Esq.				
	(Name of Contact Perso	n)	
Menriques Law + Media	tion Group, P.A.			
- <u> </u>		(Fim/ Company)		
18710 SW 107 Ave, # 32	2			
		(Address)	<u>,</u>	
Miami, Florida 33157				
	(City/ State and Zip Coo	le)	·· <u></u>
bragd@aol.com				
	E-mail address: (10 be used f	•	notificatio	n)
For further information co	oncerning this matter, please c	all:		
GOL Henriques, Esq.		3C at	15	412-8510
	(Name of Contact Person)	u. (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for th	e following amount made pays	able to the Florida Dep	artment of	State:
🕿 \$35 Filing Fe	e 🔲 \$43.75 Filing Fee & 🗆 Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certii Certii (Addi	i0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Amendr Divisior P.Q. Bo	Address nent Section t of Corporations x 6327 isee, FL 32314	Amend Divisio Clifton 2661 &	Address ment Sect on of Corpo Building xecutive C ssee, FL 3	Drations

Articles of Amendment to Articles of Incorporation of

Bethany Baptist Ministries, Inc., a Florida Not-for-Profit Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

Bethany Baptist Ministries, Inc., a Florida Not-for-Profit Corporation

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

	. N/A	
Enter new principal office address, if applica	<u>ble:</u>	
rincipal office address <u>MUST BF. A STREET A</u>	<u>DDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	N/A	······································
(muning auto as <u>MAT DE AT OST OFFICE I</u>		
•		
If amending the registered agent and/or regis	tered office address in Florida, e	nter the name of the
If amending the registered agent and/or registered agent and/or registered agent and/or the new registered		nter the name of the
		nter the name of the
new registered agent and/or the new register	ed office address;	nter the name of the
new registered agent and/or the new register	ed office address; N/A	nter the name of the
new registered agent and/or the new registered Name of New Registered Agent:	ed office address; N/A	ida street address)
new registered agent and/or the new registered Name of New Registered Agent:	ed office address; N/A	
new registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:	ed office address; N/A (Flor (City)	ida strees address) , Florida
new registered agent and/or the new registered Name of New Registered Agent:	ed office address; N/A (Flor (City) egistered Agent;	ida street address) , Florida {Zip Code}

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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 nated in the fallowing manner. Currently John Doc 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.

X Change X Change X Remove X Add	<u>V Mik</u>	n Dog ze Jones y Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	CLIVE ROGERS	17560 NW 27 AVE
	<u>_</u>		SUITE 124 + 125
Remove			MIAMI GARDENS, FL 33056
2) Change	<u></u>		<u> </u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ο)Change			
Add			
Remove		Page 2 of 4	

E. If <u>amending or adding additional Articles, enter change(s) here</u>: (altach additional sheets, if necessary). (Be specific)

•

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N/A

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Тье	e date of each sme	February 2nd, 2017	, if other than the
date	this document wa	s signed.	
Eff	ective date <u>if appli</u>	February 2nd, 2017	
		(no more than 90 days after amendment file date)	
<u>Nor</u> doc	e: If the date inser unient's effective d	ted in this block does not meet the applicable statutory filing requirements, this date will not late on the Department of State's records.	be listed as the
Adoption of Amendment(s)		ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient	s) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were bard of directors.	
	Dated	February 2nd, 2017	
	Signature	amud	
		(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)	-
		G.O.L. HENRIQUES, ESQ.	
		(Typed or printed name of person signing)	
		Incorporator	

(Title of person signing)

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