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COVER LETTER

TO: Amendment Section Division of Corporations BETHEL CHRISTIAN MINISTRIES INC NAME OF CORPORATION: N 17000011660 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALBALUCTA FOLEY (Name of Contact Person) FOURY FORENSIC ACCOUNTING LLC (Firm/ Company) 3960 RADIO RD STE 202 (Address) NAPLES FL34104 (City/ State and Zip Code) infoáa,foleyforensicaceg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Albalucia Foley 300 6660 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■ \$43.75 Filing Fee & \$\overline{1}\$\$\$\$\$\$\$\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed). (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

Articles of Amendment

10

Articles of Incorporation

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bethel christian ministries inc	
(Name of Corporation as cur)	rently filed with the Florida Dept. of State)
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name	The new oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	TOEC III
D. If amending the registered agent and/or registered o new registered agent and/or the new registered offic	
Name of New Registered Agent:	
New Registere <u>d Office Address</u> :	(Florida street address)
	. Florida
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	Signature of New Registered Agent, if changing

9

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	$\underline{V} = \underline{Mik}$	n Doe e Jones y Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	p	ALBALUCIA FOLEY	P O BOX 990280	_ 09
Add			202	
N Remove			NAPLES FL 34104	
2) Change	t,	MARVIN AREVALO	PO BOX 990280	MA
X Add			NAPLES FL 34104	
Remove				- 0
3) N Change	D	JUDITH COSS	P O BOX 990280	- マル
Add			NAPLES FL 34104	_ -
_ Remove				- ur
4) _ L Change	Т	MELVIN REYES	P O BOX 990280	μ'
Add			NAPLES FL 34104	
_ Remove				_
5) _ Change				_
Add				- "
Remove				_
6) _ Change				
Add				
Remove				<u> </u>

	LBALUCIA FOLEU) ADDING P	NAME MARVIN AREVALO	\mathcal{O}
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The date of each amendment(s) a late this document was signed.	doption:	, if other than the
Effective date if applicable:	·	
meetive date <u>ii appiicabie</u> .	(no more than 90 days after amendment file date)	
Note: 47 the date inserted in this blocument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were awas/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
☐ There are no members or men adopted by the board of direc	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated	7	
Signature	lu lee "	
have not b	dirman or vice chairman of the board, president or other officer-if directors selected, by an incorporator—if in the hands of a receiver, trustee, or appointed tiduciary by that tiduciary)	
MARV	IN AREVALO HUELL MY	
	(Typed or printed name of person signing)	
PRESH	DENT	
	(Title of person signing)	