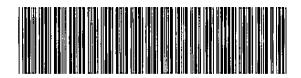
## N18000005603

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: East Lake First Baptist Chu	rch luc
DOCUMENT NUMBER: N 18000055603	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person)	
East Lake First Baptist Church, luc	
Po Box 2412	
(Address)  Cala FL 34475 - 24/12  (City/ State and Zip Code)	
Lastake 1 Baptisto Jahoo. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:  Oristatendra Moore at 352-286-95  (Name of Contact Person) (Area Code) (Daytime Teleph	
Enclosed is a check for the following amount made payable to the Florida Department of State:  \$35 Filing Fee	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, F1, 323142661 Executive Center CircleTallahassee, FL 32301	

## Articles of Amendment

Articles of Incorporation of

East Lake First Baptist	y filed with the Florida Dept. of State)	
	y mea with the Florida Dept. of State	
N18000005603	CO (Chinama)	
	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corporation	on:	
NIA		The new
name must be distinguishable and contain the word "corporati	on" or "incorporated" or the abbreviation "C	'orp." or "Inc." = - '':
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		2 7
		# P
C. Enter new mailing address, if applicable;	N/A	18 ( )
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>_</del>
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the	
new registered agent and/or the new registered office at		
Name of New Registered Agent:	saundra Moore	
211.5	SE ble St.	
Now Boundary Office Address	(Florida street address)	
New Registered Office Address:		211180
<u>. Ur. a</u>	(City) , Florida, Cip Ce	1 \
	(City) (Zip Ce	,,,,,,
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the obligations of the po	osition.
Si	ignature 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, 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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Rev. Howard Gungor.	2801 SW 1545 Ocala FL 3447
Remove			
2) Change Add	TR	Henry G. Jones	1035 NE 1315 St. DCala FL 34470
Remove  3 ) Change  X Add	SC Clerk	Crissaundra Mocre	2165 SE 66 St. Crala FL 34480
Remove			
4) Change Add			
Remove			<del></del>
5) Change			
Add			
6) Change			
Add			
Remove			

f amending or addi- attach additional she	ng additional Article ets, if necessary).	es, enter changet (Be specific)	s) here: N	1+		
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Γhe	e date of each amendment(s) adopt	ion:	129	18	, if other	er than the
	this document was signed.					
Effe	ective date <u>if applicable</u> :	7/2/18 (10 more than 90 de	ys after a	mendment file do	(e)	
Not loc	e: If the date inserted in this block dument's effective date on the Departi	oes not meet the application of State's records	cable statt	ntory filing requir	ements, this date will not be listed	as the
Ado	option of Amendment(s)	(CHECK ONE)				
K	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and	the numb	oer of votes east f	or the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the	amendme	nt(s). The amend	ment(s) was/were	
	Dated / 06 25	/ /2				
	have not been se	or vice chairman of the elected, by an incorpora inted fiduciary by that	ator ~ if ir	the hands of a re		
	* Hou	(Typed or p	rinted nam	ne of person sign	ng)	
		President	<u></u>			
		(	Title of p	erson signing)		