N1800005847

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SECRETARY OF STATE
JALLAHASSEE, FLORID

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	St. John the Merciful	Orthodox Church, Inc			
	N18000005847				
DOCUMENT NUMBER:					_
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
Daniel Homiak					
-	(Name of Contact Pers	ion)		_
St. John the Merciful Ortho	dox Church				
		(Firm/ Company)			_
4203 Kempski Ct.					
		(Address)			
Auburndale, Florida 33823					
	(City/ State and Zip Co	xle)		
homiakd@gmail.com					
F	-mail address: (to be used	for future annual repor	rt notification	1)	
For further information conc	erning this matter, please of	call:			
Daniel Homiak		at	Arm Cada	817-372-6047	
	(Name of Contact Person)	(.	Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	partment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & E Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A			et Address	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

St. John the Merciful Orthodox Church, Inc.

(Name of Corporation a	s current	<u>ly filed with th</u>	<u>ie Florida Dept</u>	<u>, of State</u>)		
N18000005847						
(Docume	nt Numbe	r of Corporation	on (if known)	·- •		
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	ia Statute:	s, this <i>Florida l</i>	Not For Profit C	Corporation add	pts the fo	llowing
A. If amending name, enter the new name of the o	orporati	on:				
N/A					7	he new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	'corporat	on" or "incorp	oorated" or the a	abbreviation "C		
D. Enter new principal office address if applicable	la.	N/A		:	٠,,	
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD	DRESS)					- 65 -
. ,,				•	<u> </u>	<u>پ</u>
					Dr.	22
		<u> </u>	· ··	•	m c	ج
C. Enter new mailing address, if applicable:	0 V.	N/A			71	32
(Mailing address MAY BE A POST OFFICE B	(<u>) </u>				<u> </u>	ယ
					_ <u>@</u> =.	_ <u>.</u>
					. ==	တ
			·			
D. If amending the registered agent and/or regist			lorida, enter the	e name of the		
new registered agent and/or the new registered		<u>idress:</u>				
Name of New Registered Agent:	N/A 				<u>.</u>	
i	N/A					
-		· -	(Florida street	address)		
New Registered Office Address:						
				, Florida		
_	•	(City)		, Florida _ (Zip Co	de)	
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.			accept the oblig	ations of the po	sition.	
		enature of New	Registered Age	nt, 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	V Mil	<u>n Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	Priest	Fr. Daniel Hickman	1895 Lake Emma Rd
X Add		,	Longwood, FL 32750
Remove			
2) Change	Р	Daniel Homiak	4203 Kempski Ct.
X Add			Auburndale, FL 33823
Remove			
3) Change	VT	Lee Smith	227 Strathmore Circle
X Add			Kissimmee, FL 34744
Remove			
4) Change	<u>s</u>	Melissa Rodriguez	4981 Hook Hollow Circle
X Add			Orlando, FL 32837
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
N/A	

The date of each amendment(s) addate this document was signed.	May 28, 2018	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
May 28,201 Dated	· · · · · · · · · · · · · · · · · · ·	
Signature		
(By the chair) have not bee	nan or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	_
Daniel H	omiak	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	