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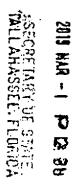
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### COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NEW Shilt Christian Centelle
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
10nya R. LAVENder (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
11213 Hobart Court
(Address)
Seffner Florid 33584
(City/ State and Zip Code)
Hewshilohoothogmail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TONYAR. LAYERDER # 813-3730244
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed)  □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

# **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

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

### Articles of Amendment

to
Articles of Incorporation

New Shiloh Che	istian Center	Tanoa
(Name of Corporation as current	ly filed with the Florida Dept. of S	tate)
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes imendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpo</i>	ration adopts the following
A. If amending name, enter the new name of the corporation	on: TMC	<b>771</b>
name must be distinguishable and contain the word "corporati	ion" or "incorporated" or the abbre	the new viation "Corp." or "Inc."
'Company" or "Co." may not be used in the name.		
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u> )	1	
C. Enter new mailing address, if applicable:	NIA	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
). If amending the registered agent and/or registered office	c address in Florida, enter the nam	ic of the
new registered agent and/or the new registered office ac		<u> </u>
Name of New Registered Agent:	NIA	
	' /	
<del></del>	(Floridu street addre.	rs)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A		
hereby accept the appointment as registered agent. I am fan	uliar with and accept the obligations	of the position.
		255 <b>23</b>
Sig	gnature of New Registered Agent, if c	changing T
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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 = ChiefExecutive 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 I V Mike SV Sally S	<u>Jones</u>	·
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	D	Bonald J. Williams	3701 6320 AVES. St. Petersburg, Fl.
Remove			
2) Change Add			
Remove 3) Change Add			
Remove 4) Change			
Add			
5) Change Add			
Remove			
6) Change			
Remove			

attach additionai	adding additional sheets, if necessor	iry). (Be spec	cific)				
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The date of each amendment(s) adoption:	<u> </u>	119		if other than the
date this document was signed.		7		
Effective date <u>if applicable</u> :	2 20 1 19 han 90 days af	q ier amendment file a	late)	<del></del>
<u>Yote:</u> If the date inserted in this block does not meet locument's effective date on the Department of State	the applicable 's records.	statutory filing requi	rements, this date will no	t be listed as the
Adoption of Amendment(s) (CHECK	<u>. ONE</u> )			
☐ The amendment(s) was/were adopted by the mer was/were sufficient for approval.	nbers and the n	number of votes cast	for the amendment(s)	
There are no members or members entitled to vo adopted by the board of directors.	ote on the amen	dment(s). The amer	idment(s) was/were	
Dated 2 25 19	Dun .	No 8		
Signature	were	d = socidant or other	or affigurate directors	<del></del>
(By the chairman or vice chairman or vic	man of the boa i incorporator -	if in the hands of a	receiver, trustee, or	
other court appointed fiducia	ry by that fiduo	ciary)		
Tonya t	) LAV Typed or printer	endek d name of person sig	ning)	
Vice !	Preside	nt		
	(Title	of person signing)		