N18000013340

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	EGLISE EVANGE	LIQUE SMYRNE II	NC.	······································		
DOCUMENT NUMBER:	N18000013340					
The enclosed Articles of Ar	nendment and fee are sub-	mitted for filing.				
Please return all correspond	lence concerning this matt	er to the following:				
		BONIFACE B LO	UIMA			
		(Name of Contact I	Person)	· ·		
	EC	GLISE EVANGELIC	UE SMYR.	NE INC.		
		(Firm/ Compar	ıy)			
	5709 GUAVA DRIVE					
		(Address)	·			
	T	AMARAC, FLORII	DA 33319			
		(City/ State and Zip	Code)			
		LOUIMAB@YAHO	OO.COM			
·	E-mail address: (to be used	for future annual re	port notifica	ition)		
For further information con	cerning this matter, please	call:				
	BONIFACE B LOUIMA		954	600-0651	. 2	
	(Name of Contact Person		(Area Cod	le) (Daytime Telephone	Number)	
Enclosed is a check for the	following amount made pa	ayable to the Florida	Department	t of State:	11.	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Co (A	2.50 Filing Fee entificate of Status entified Copy additional Copy is nelosed)	25 17 1: 23 . AFE	

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EGLISE EVANGELIOUE SMYRNE INC. (Name of Corporation as currently filed with the Florida Dept. of State) N18000013340 (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

Signature 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	V Mike	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
(1) Change Add	<u>CEO</u>	BONIFACE B. LOUIMA	5709 GUAVA DRIVE TAMARAC, FLORIDA 33319
 X Remove 2) Change Add 	<u>C</u>	MARCELLE M JOSEPH	ORLANDO, FLORIDA 32837
X Remove 3) Change Add X Remove	<u>VP/TRE</u>	JOHNNY MARTINEAU	5612 NW 49TH WAY TAMARAC, FLORIDA 33319
 X Remove 4) Change X Add 	PRES	BONIFACE B. LOUIMA	5709 GUAVA DRIVE TAMARAC, FLORIDA 33319
Remove 5) Change X Add	<u>CEO</u>	MARCELLE M JOSEPH	5709 GUAVA DRIVE
Remove 6) Change × Add	<u>VP/TRE</u>	JOHNNY MARTINEAU	5709 GUAVA DRIVE TAMARAC, FLORIDA 33319
Remove E. If amending or ad	ding additional /	Articles, enter change(s) here:	
(attach additional s			

 No part of the net earnings of the Corporation shall be insured of any member, trustee, officer of the Corporation, or any private in that reasonable compensation may be paid for service endeared. Corporation affecting one or more of its purposes, and no member of the corporate or any private individual shall be entitled distribution of any of the Corporate assets in dissolution of the substantial part of the activities of the Corporation shall participated in, the publication or distribution of statements, of any political behalf of any candidate for public office. 	individual expect ed to or for the r, trustee, officer to share in the Corporation. No se in or intervene
Upon dissolution of the Corporation or the winding up of assets of the Corporation shall be distributed exclusively to one or religious, scientific, testing for public safety, literary, or education which then qualify under the provisions of Section 501 (c) (3). Revenue Code and its Regulations as they now exist or as they amended, or to the federal government, for a public purpose. Any so disposed of shall be disposed of by the court of Common Pleas which the principal office of the Corporation is then located, exception purposes or to such organization or organization as said Court which are organized and operated exclusively for such purposes.	more charitable, nal organizations) of the Internal may hereafter be y such assets not of the county in lusively for such
	F
	128 Aug 25
	g
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	23
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	fate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

AUGUST 23, 2023

Signature

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)

BONIFACE B LOUIMA

(Title of person signing)

(Typed or printed name of person signing)

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