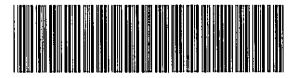
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(Re	questor's Name)		
. (Ad	dress)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
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MAY 10 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Spintial Liberty Community	()
DOCUMENT NUMBER: 119 00000339	
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Cory Felasco	
(Name of Contact Person)	
(Firm/ Company)	
11487 11109th Ave	
(Address)	
Largo, FT 33778	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
1 my Felasco at 727-1037-1691	
(Name of Contact Person) (Area Code) (Daytime Telephone Number	:r)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Neutline Address	

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



May 2, 2019

CORY FELASCO 11487 116TH AVE LARGO, FL 33778

SUBJECT: SPIRITUAL LIBERTY COMMUNITY CHURCH, INC

Ref. Number: N19000000339

We have received your document for SPIRITUAL LIBERTY COMMUNITY CHURCH, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 519A00008871



May 2, 2019

CORY FELASCO 11487 116TH AVE LARGO, FL 33778

SUBJECT: SPIRITUAL LIBERTY COMMUNITY CHURCH, INC.

Ref. Number: N19000000339

We have received your document for SPIRITUAL LIBERTY COMMUNITY CHURCH, INC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Non Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00008868

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

to

Articles of	Incorpo	ration
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Southern Liberty Po	mmunity Church In	X
(Name of Corporation as current)	ly filed with the Florida Dept. of State)	 _
MARYYYYYYZZZG		
(Document Number	er of Corporation (if known)	
(Dictalient Number	a or corporation (it 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 adopts the follow	wing
A. If amending name, enter the new name of the corporation	on:	
NIA	The	new
name must be distinguishable and contain the word "corporation" (Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	1/1 A-	
(Principal office address MUST BE A STREET ADDRESS)	/ 01 /	
-		
		2 -
-	. 4	
C. Enter new mailing address, if applicable:	NA	6
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
_	<u> </u>	
	•	£: 56
		—જું —
D. If amending the registered agent and/or registered office		
Name of New Registered Agent	HP GSCO	
11487	III (v)+h A VE LARGO	
New Registered Office Address:	(Fibrial Siveer alan ess)	33778
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A l hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.	
Sig	gnature 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		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addreş</u> s
1) Change Add Remove	<u>P</u>	Chudia Felasco	11487 Moth AUE LARGO FL 33775
2) Change Add	YP	Cassandra Green	11487 11644 AUE LAPICO FL
Remove 3) Change Add Remove	ρ	Long Felasco	11487 1164h AVE 1ARGO FZ 33775
4) Change Add Remove	VP_	Fary Espinoza	11487 Hoth Ave 1AP60 FZ 33778
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artiutach additional sheets, if necessary).	(Be specific)				
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	date of each amendment(s) adoption:	, if other than the
Effe	tive date if applicable: (no more than 90 days after amendment file date)	
	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	be listed as the
Ado	ption of Amendment(s) (<u>CHECK ONE</u>)	
Ø	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
	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 5-10-20 9 Signature aux 7	
	(By the chairman of 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)	_
	(Typed or printed name of person signing)	
	Docadont	

(Title of person signing)