# N1900000367

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#### COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Bethany Learning Academy, Inc
DOCUMENT NUMBER: <u>N190000367</u>
The enclosed Articles of Amendment and tee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alide Delien
(Name of Contact Person)
Bethany Learning Academy, Inc
6229 Winegard Road
Orlando, F1 32809
(City/ State and Zip Code)
admin & bethanylearningacademy. Org
For further information concerning this matter, please call:
<u>Alide Delien</u> (Name of Contact Person) at <u>407-271-4711</u> (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
l of
Bethany Learning Academy, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
N1900000367
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Bethany Christian Academy, Inc The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc,"
<u>"Company" or "Co." may not be used in the name</u>
B. Enter new principal office address if applicables NIJA

B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	)		
			_ G
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NIA		<u> </u>
			, -
			ز
D. If amending the registered agent and/or registered offic	<u>e address in F</u> lorida, enter t	he name of the	
new registered agent and/or the new registered office a			<b>k</b>
Name of New Registered Agent:	NA	()	
	(Florida stre	et address)	
<u>New Registered Office Address</u> :			
		, Florida	
······································	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent		

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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

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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 = 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change Add	<u>Ceo</u>	Staco, Bernard	6229 Winegard Rd Orlando, FI 32809
2) Change	CEO	Stimphil, Antoine	6229 Winegard Rd Orlando, F1 32809
3) Remove 3) Change Add Remove			· · · · · · · · · · · · · · · · · · ·
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
	dding additional A sheets, if necessary)	rticles, enter change(s) here:	
	NIA	r	
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The date of each amendments date this document was signed.	(,	une -	1st, 2024	, if other than the
Effective date <u>if applicable</u> :	(no more than		2024 mendment file date)	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast 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.

0 Q24 Dated 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 1 hur other court appointed fiduciary by that fiduciary) UNC (Typed or printed name of person signing)

(Title of person signing)

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TO: Amendment Section Division of Corporations
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(Additional Copy is Enclosed)

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

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