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COVER LETTER

TO: Amendment Section Division of Corporations

NEW LIFE	CHRISTIAN CHURCH OF SPRING HILL INC.
DOCUMENT NUMBER:	•
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning t	his matter to the following:
AL D. SQUITIERĮ	
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Person)
NEW LIFE CHRISTIAN CHURCH OF SPR	ING HILL INC.
	(Firm/ Company)
34 SEVEN HILLS DRIVE	
	(Address)
SPRING HILL, FL 34609	
	(City/ State and Zip Code)
al.squitieri@newlife-christian.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	r. please call:
AL D. SQUITIERI	727 487-3767
(Name of Contac	t Person) at (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 Certificate of	
Mailing Address	Street Address

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

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

NEW LIFE CHRISTIAN CHURCH OF SPRING HILL INC.

(Name of Corporation as currently filed with the Flor N19000001342	ida Dept. of State)		
	umber of Corporation	ı (if known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida N</i>	of For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corp	oration:		
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	noration" or "incorp	orated" or the abbreviation "Corp.	The new ." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			6.55
D. <u>If amending the registered agent and/or registered</u> new registered agent and/or the new registered offi		orida, enter the name of the	25 25
Name of New Registered Agent:			<u></u>
New Registered Office Address:		(Florida street address)	
	(City)	, Florida (Zip Code)	
Nam Basistand Anna's Cinnature is the Delta	, ,	(z.ip Coae)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	ered Agent: m familiar with and a	eccept the obligations of the position	น.
	Signature of New I	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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	V	JAMES SAPIA	34 SEVEN HILLS DRIVE SPRING HILL, FL 34609
× Remove			
2) × Change Add	<u>VT</u>	JOHN CARVER	34 SEVEN HILLS DRIVE SPRING HILL, FL 34609
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
	-		
			

		
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The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block de document's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes east for the amendment(s)	

		nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	Dated	SEPTEMBER 16, 2020
	Signatur	·
		(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) AL D. SQUITIER!
		AL D. SQUITER
_		The state of the s
-		(Typed or printed name of person signing)
-		(Typed or printed name of person signing) PRESIDENT
-		
-		PRESIDENT