(Re	questor's Name)	
(Add	dress)	
(Åde	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

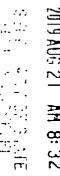
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COVER LETTER

. TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _EGLISE	BAPlISTE	DE JERICHO INI	
DOCUMENT NUMBER:/\/_/190000	03700		
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
wildy S	(Name of Contact Person	n)	
Eglise Baptisi	le de Jea (Firm/ Company)	icho INC.	
<u>, , , , , , , , , , , , , , , , , , , </u>	(Address)		
PRINCE CHOSENBY G	(City/ State and Zip Code		
For further information concerning this matter, please	call:		
(Name of Contact Person)	at (Ar	rea Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made page	yable to the Florida Depa	irtment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section	Amendment Section Division of Cornerations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

•	•	•	•	•	•	٠	

(Name of Corporation as current	tly filed with the Florida Dept. of State)	
	00	
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following	wing
A. If amending name, enter the new name of the corporation	ion:	
N/A	The	new
name must be distinguishable and contain the word "corporate" (Company or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp., or (1)	nc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))—————————————————————————————————————	,
		E F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 222624 West falm Beach, FL	3 — —
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as		
Name of New Registered Agent:	N/A SUMM	
New Registered Office Address:	(Florida street address)	
	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the obligations of the position.	
Si	ignature 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, an 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:	DT Lab	Dur	
X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Alfred Francois	-
Add Remove A	D= LFRED	FRANCOIS	424 E. ILEX Dr. Lake park, 7-33403
2) Change	P <u>TD</u>	Wildy Simon	Will at Com am Da
Add P7		SOFORA Simon	West Palm Bch, FC 330
≯ Add	DS	SUPULA SIMION	West falm Bch, + Z 330
Remove			
4) Change Add			
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
I, Wildy Simon, register agent and fresident, directo
treasurer (PTD) of Eglise Baptiste de Tericho INC.
I remove (D) Affred Francois, the is not a fant
of us any more.
of us any more. I have SofoRA Simon with me as: Treasurer,
Director, Secretary.
None can make change or amendement but
Wildy Simon on SOFORA SIMON, Any Person L
intend to make a change must show this code:
Monny 101 and doccument number only is the
frove to change, add or remove anything.
Thank you.
Wildy Simon
<u> </u>
I have a new mailing address: P.O. Box 222624 But my resident address is \$1/1 the same.
West frem Beach, FL 33422
But my resident address
65 371/1 the Same.
Page 3 of 4
Note: I Remove Alfred Francois

The date of each amendment(s) adoption:date this document was signed.	8/12/19	, if other than the
Effective date <u>if applicable</u> :	12/19 n 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	e applicable statutory filing requirements, this date will no ecords.	ot be listed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u>)	
☐ The amendment(s) was/were adopted by the member was/were sufficient for approval.	ers and the number of votes cast for the amendment(s)	
There are no members or members entitled to vote of adopted by the board of directors.	on the amendment(s). The amendment(s) was/were	
Dated <u>\$/12/19</u>		
Signature		
	corporator – if in the hands of a receiver, trustee, or by that fiduciary)	
Wildy	Simon	
(Турс	ed or printed name of person signing)	
PTI		

(Title of person signing)