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(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Fiducia Community Inc. NAME OF CORPORATION:	
N2000000729 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Matthew Svajda	
(Name of Contact Pers	on)
Fiducia	
(Firm/ Company)	
429 Coach Rd.	
(Address)	
Satellite Beach, FL 32937	
(City/ State and Zip Co	de)
matt@fiduciacommunity.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please call:	
Matthew Svajda 9.	49 2954956
	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida De	partment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)	□\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

2672 *** 28 Fill2: 38

Fiducia Community, Inc.	
(Name of Corporation as currently filed with the Florida I	Dept. of State)
N20000000729	
(Document Numb	per 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
A. If amending name, enter the new name of the corporat	<u>tion:</u>
(No Changes) \sim/A	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	The new ttion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	(No Changes) \sim /A
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 and/or the new registered office and of New Registered Agent:	
New Registered Office Address:	(Florido street address)
	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
S	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, 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u>*</u> Change Add	TR	Joshua Aikins	429 Coach Rd. Satellite Beach, FL 32937
Remove 2) * Change Add	SEC	Chris Waldrop	429 Coach Rd. Satellite Beach, FL 32937
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Article III - Please adjust We will produce, nurture,		e statement to: d works and leaders in our communities to ac	Ivance the news of Jesus Christ.

		
		
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	9/26/2020	
The date of each amendment(s) adoption: date this document was signed.	6/20/2020	_, if other than the
Effective date if applicable:	to more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not	he listed as the
document's effective date on the Departmen	t of State's records.	oc nated as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted b	y the members and the number of votes cast for the amendment(s)	

was/were sufficient for approval.

adop	oted by the l	poard of directors.
	Dated	8/26/2020
	Signatu	re A
		(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)
		MATTHEN SVAJDA
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)