N20000004705

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100346757681

06/22.20--01029--009 **35.00

2020 J. 11 2 KII II: 08

Anund

AUS 0 8 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

N:	mmon Sense Inc.		<u>.</u>
N20000004705			
endment and fee are sub-	mitted for filing.		
nce concerning this matt	er to the following:		
	(Name of Contact Per	son)	
ense Inc.			
	(Firm/ Company)		<u></u>
	(Address)		
	(City/ State and Zip C	ode)	
mail address: (to be used	l for future annual repo	rt notification	n)
erning this matter, please	call:		
	sat .	727	647-0096
Name of Contact Person			(Daytime Telephone Number)
ollowing amount made pa	ayable to the Florida D	epartment of	State:
□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
ddress			
	N20000004705 endment and fee are substance concerning this matter, please erning this matter, please the Status Status Status	Parameter and fee are submitted for filing. Ince concerning this matter to the following: (Name of Contact Perense Inc. (Firm/ Company) (Address) (City/ State and Zip Company) (The state and Zip Company) (Address) (City/ State and Zip Company) (Address)	N20000004705 endment and fee are submitted for filing. nee concerning this matter to the following: (Name of Contact Person) ense Inc. (Firm/ Company) (Address) (City/ State and Zip Code) mail address: (to be used for future annual report notification erning this matter, please call: 727 Name of Contact Person) (Area Code) ollowing amount made payable to the Florida Department of the contact following amount made payable to the Florida Department of Certificate of Status Certified Copy (Additional copy is certificate of Status Certified Copy (Additional copy is certificate of Status Certificate Copy (Additional copy is certific

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

First Church of Common Sense Inc.

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N20000004705		
(Document Num	ber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The nev
name must be distinguishable and contain the word "corpord" ("Company" or "Co." may not be used in the name.	ution" or "incorporated	$I^{\prime\prime}$ or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	()	~
		0,1211
C. Enter new mailing address, if applicable:		. • •
(Mailing address MAY BE A POST OFFICE BOX)		2
		c.2 RAW: 08
		=======================================
		03
D. If amending the registered agent and/or registered off	ice address in Florida	enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
	(F	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
None Desiration of Assessed Community of Desiration	1 4 4-	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		the obligations of the position.
	•	
	Signature of New Regist	ered 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: XChange X Remove Add	PT John Do V Mike Jo SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	ST	Angelina Sadree	7339 Mulberry Dr. Webster, FL. 33597
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<u> </u>
E. If amending or addin (attach additional shee	ng additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
			

·····	
The date of each amendment(s) adopt date this document was signed.	ion:, if other than the
Effective date if applicable:	
Enterre date ir applicable.	(no more than 90 days after amendment file date)
	loes not meet the applicable statutory filing requirements, this date will not be 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 cast for the amendment(s)

Dated	June 18, 2020	
2 212 2	(- ···)	
Signatur	e	
	oe. court appor	inted fiduciary by that fiduciary)
	Shahryar Sac	dree .
	Shahryar Sac	(Typed or printed name of person signing)