N21000000149

(Requestor's Name)
(Address)
(Address)
(1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE DEC 2 2 2023
DEC
22 2002

Office Use Only



100419875781

12/06/23--01012--008 **52.50



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ODAE COMMUNITY CHURCH CORP
N21000000149	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
YOON LEE	
	(Name of Contact Person)
	(Firm/ Company)
1380 GULF BLVD UNIT 1208	
	(Address)
CLEARWATER, FL 33767	
	(City/ State and Zip Code)
TLEE1948@YAHOO.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter.	. please call:
YOON LEE	213 422-1379
(Name of Contact	Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount r	made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee 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 Articles of Incorporation

	O1	· 4
TAMPA CHODAE COMMUNITY CHURCH CORP		`
(Name of Corporation as currently filed with the Florida	a Dept. of State)	
N21000000149		•
(Document Nun	nber of Corporation	(if known)
Pursuant to the provisions of section 617,1006, Florida Stati amendment(s) to its Articles of Incorporation:	utes, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
Tampa HOPE Church (PCA) CORP		The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "incorpe	
B. Enter new principal office address, if applicable:	210 INVERNE	SS AVE
(Principal office address MUST BE A STREET ADDRES	TEMPLE TER	RACE, FL 33617
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of	ffice address in Flo	orida, enter the name of the
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)

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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			<u> </u>
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additi ets. if nec	onal Articles, enter change(s) here: essary). (Be specific)	

Adoption of Amendment(s) (CHECK ONE)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	:
Dated 12/1/2023	
Signature (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	-
President (Title of person signing)	-

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	E COMMONT I CHOKCH COK
N21000000149 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	
,	tter to the tonoung.
YOON LEE	
	(Name of Contact Person)
	(Firm/ Company)
1380 GULF BLVD UNIT 1208	
	(Address)
CLEARWATER, FL 33767	
	(City/ State and Zip Code)
TLEE1948@YAHOO.COM	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
YOON LEE	213 422-1379 at
(Name of Contact Perso	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

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