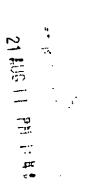
## N2100000 1032

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

LIVING FAITH CHRISTIAN CENTER OF POLK COUNTY, INC.  AME OF CORPORATION:	
N21000001032	
OCUMENT NUMBER:	
he enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
PETRINA E. MCCUTCHEN	
(Name of Contact Person)	_
IVING FAITH CHRISTIAN CENTER OF POLK COUNTY, INC.	
(Firm/ Company)	
00 SE DR MARTIN LUTHER KING, JR. ST.	
(Address)	
FORT MEADE, FL 33841	
(City/ State and Zip Code)	
emccutchen@gmail.com	
E-mail address: (to be used for future annual report notification)	_
or further information concerning this matter, please call:	
PETRINA E. MCCUTCHEN 863 797-6327 at	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
nclosed is a check for the following amount made payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status  Certificate of Status (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

The state of the s LIVING FAITH CHRISTIAN CENTER OF POLK COUNTY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N21000001032 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	Р	MCCUTCHEN, PETRINA, JR	100 SE DR MARTIN LUTHER KING JE. ST. FORT MEADE, FL 33841
2) Change Add	<u>P</u>	MCCUTCHEN, LORENZO, JR.	100 SE DR MARTIN LUTHER KING, Je. ST. FORT MEADE, FL 33841
Remove 3 ) Change Add Remove		<del></del>	
4) Change Add			
Remove 5) Change Add			
Remove  6) Change Add	<del></del>		
E. If amending or addin (attach additional sheet	g additional Art ts, if necessary).	icles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	t(s) adoptio  .	n:		<del></del>			, if other than the
Effective date if applicable:	AUGUST	9, 2021					
		(no more than 90 da	- ıys after amı	endment file	date)		*
Note: If the date inserted in the document's effective date on the	iis block doe	es not meet the appli	cable statuto			is date will not	be listed as the
Adoption of Amendment(s)		(CHECK ONE)					
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted	by the members and	the numbe	r of votes ca	st for the ame	endment(s)	

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3	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	AUGUST 9, 2021 Dated
	Signature (Litera ))/e Ciotories
	(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)
	PETRINA E. MCCUTCHEN
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)

S 63 "