N21670

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	Pine United Method				-
DOCUMENT NUMBER:	n21670				
The enclosed Articles of Am			-		
Please return all corresponde	ence concerning this matter	to the following:			
Howard Miller					
	(Name of Contact Pers	son)		
Pine United Methodist chu	urch				
		(Firm/ Company)			
P.O. B0x 1067					
		(Address)			
Fort McCoy, FI 32134-106	67				
	(City/ State and Zip Co	ode)		
smiller991@cfl.rr.com					
Е	-mail address; (to be used t	or future annual repo	rt notificatio	1)	
For further information conc	erning this matter, please c	all:			
Howard Miller				857-6140	
	(Name of Contact Person)	at	Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fe	ollowing amount made pay	able to the Florida De	partment of	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	icate of Status ied Copy tional Copy is	
Mailing Address			et Address	·	
Amendme Division o	nt Section f Corporations		ndment Sect sion of Corpo		
P.O. Box (•		on Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Pine United Methodist Church, Inc.		DOIN
(Name of Corporation as	currently filed with the Flor	ida Dept. of Starte) 2 P 🛠 🗓
N21670		Down Man Frage
(Documen	t Number of Corporation (if k	nown) MALLAHASSEE, FLLM.UA
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doc</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Lucy Brooker	7087 E Hwy 318
Add xxxx Remove			Citra, fl 32113
2) Change	D	Harold Hayes	14940 NE 214 Ct
Add xxxx: Remove			Salt Springs, Fl. 32134
3) xxx Change	D	Howard Miller	p o box 45
Add			16473 NE 141st ave
Remove			Fort McCoy, Fl. 32314
4) Change	Treasur-	Brandon Koch	3565 NE 12nd PI
XXXX: Add			Anthony, Fl. 32617
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·

	date of each amendment(s) ad this document was signed.	option:	, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	e will not be listed as the
Ado	ption of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendme l.	ent(s)
	There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/wers.	ere
	July 7, 201 Dated	9	
	Signature	Allranto	
	have not bee	nan or vice chairman of the board, president or other officer-if direc n selected, by an incorporator — if in the hands of a receiver, trustee, ppointed fiduciary by that fiduciary)	
	Suz Gee	raerts	
		(Typed or printed name of person signing)	_
	Chairma	n Pastor Parish	
		(Title of person signing)	