N22000012951

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58/23 AUG 23 PH 3: 32 SECRETALY OF STATE TALLAHASSEE, FL

M

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LE FELLOWSHIP		 .		-
DOCUMENT NUMBER: N22000012951					
The enclosed Articles of Amendment and fee are sub	mitted for filing.				
Please return all correspondence concerning this matt	er to the following:				
DAVID KYRK					
	(Name of Contact P	erson)			•
CROSSROAD BIBLE FELLOWSHIP					
	(Firm/ Compan	y)			•
1348 W SKYVIEW CROSSING DRIVE					
	(Address)				•
HERNANDO, FLORIDA 34442					
	(City/ State and Zip	Code)			•
DAVIDKKYRK@GMAIL.COM					
E-mail address: (to be used	for future annual re	port notificatio	n)		2024
For further information concerning this matter, please	e call:			ALL	2024 AUG
MICHAEL ODONNELL	at	475	228-3736	LVHV8.	23
(Name of Contact Person	n)	(Area Code)	(Daytime Telepho	one Numbér)	25
Enclosed is a check for the following amount made pa	ayable to the Florida	Department of	State:	E STATI	ري دن
■ \$35 Filing Fee	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	щ	, -
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ar Di	reet Address mendment Sect vision of Corpo te Centre of T	orations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

To the state of th

CK#463 enclosed

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

CROSSROAD	RIRLEFI	FLLOWSHIP

Name of Corporation as currently filed with the	e Florida De	ept. of State)		
N22000012951				
(Docum	nent Number	of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes.	, this <i>Florida Not For Profit Co</i>	rporation adopts the	following
A. If amending name, enter the new name of th	e corporatio	n:		
NA .				_
The new name must be distinguishable and contai		'corporation" or "incorporated	" or the abbreviation	n "Corp."
or "Inc." "Company" or "Co." may not be used in the name		1348 W SKYVIEW CROSSING	G DR	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		HERNANDO, FLORIDA 3444	2	
	_			_
C. Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>) _			
	_			_
 If amending the registered agent and/or registered agent and/or the new registered. 			name of the	
	RUTH ME			ω ≥
Name of New Registered Agent:	3057 N REI	DA DATU	· · · · · · · · · · · · · · · · · · ·	
		(Florida street a	ldrace)	CRALIC
New Registered Office Address:		is to react stores the	uu essy	至 2
	HERNAND	00	34442 , Florida	AS 2
		(City)	(Zip Code)	PH 3:
	North Arriva	-		E. F. 37
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			ions of the position.	FATE 33
and the second s				1 * *
	(X)	the a Motto		
-	Sign	th a Vetts nature 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: \underline{X} Change \underline{X} Remove \underline{X} Add	PT John D Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	RUTH METTS	3057 N REBA PATH HERNANDO, FLORIDA 34442
Remove			
2) Change Add			
Remove 3)Change Add Remove			
4) Change Add			SECRET
Remove 5) Change Add			AFASSEE.
Remove 6) Change			FINTE 33
Add Remove			
		icles, enter change(s) here: (Be specific)	

		-
· · · · · · · · · · · · · · · · · · ·		
		A CC A
		SECRETARY OF TALLAHAS
		3 P
		PM 3: 33 NOF STATE ASSEE, FL
		STA 30
		, ^m
The date of each amendment(s) ado date this document was signed.	ption:NA	, if other than the
	NA	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,)
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirer artment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of votes cast for	the amendment(s)

	(Typed or printed name of person signing)
	DAVID KYRK
Signature	(By the chairman or vice mairman 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)
	David N
Dated	AUGUST 16, 2024

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

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