N23000003405

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Division of Corporation	ns .			
NAME OF CORPORATION	Carlson Methodist C			
	N23000003405			
DOCUMENT NUMBER:	1123000003403			
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Mark Lapp				
		(Name of Contact Pers	son)	
		(Firm/ Company)	···	
P.O. Box 1185				
		(Address)		
LaBelle, FL 33975				
		(City/ State and Zip Co	ode)	
marklapp@embarqmail.cor	n			
	-mail address: (to be used	I for future annual repo	rt notification	1)
For further information con-	cerning this matter, please	call:		
Mark Lapp			863	843-5000
	(Name of Contact Person	at) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida Do	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certif	O Filing Fee leate of Status ied Copy tional Copy is used)
Mailing A Amendme	Address ent Section	Ame	et Address endment Secti	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Carlson Methodist Church, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N23000003405 (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: N.A. 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. N.A. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 310 Campbell Street (Mailing address MAY BE A POST OFFICE BOX) LaBelle, FL 33935 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 (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. Signature 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	nes			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address		
1) Change Add	46 . 7 7	_				
Remove						
2) Change Add		_				
Remove 3) Change Add Remove		-				
4) Change Add						
Remove						
5) Change Add		_				
Remove						
6) Change Add		_				
Remove				***		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
Article VIII		===				
No part of the net earning	gs of the c	orporation	on shall inure to the benefit of, or be distribute	able to, its members, trustees,		
officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable						
compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article						
III. Upon the discolution of the cornection, assets shall be distributed for one or more event nurroses within the meaning						

of section 501(c)(3) of the Inter	nal Revenue Code, or the corresponding section of any future federal tax code	. Any such
assets not so disposed of shall b	e disposed of by a court of competent jurisdiction of the county in which the p	principal office
of the corporation is then locate	d, exclusively for such purposes or to such organization or organizations, as s	aid court shall
determine, which are organized	and operated exclusively for such purposes.	
		
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		<u></u>
		
The date of each amendment((c) adoption: 09/18/2023	, if other than the
date this document was signed.	sy adoption.	
Effective date if applicable:	09/18/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date we Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(sproval.	3)

	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.	
•	Signature (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) Mark Lapp	_
	(Typed or printed name of person signing) Finance Chair	
	(Title of person signing)	