

N73000013107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

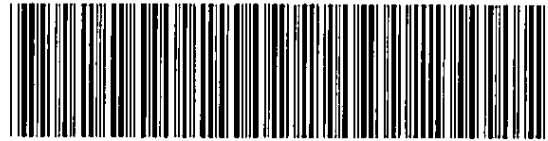
(Business Entity Name)

(Document Number)

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12/20/23--01011--011 \*\$35.00

12/20/23 10:00:00

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Fellowship Missionary Baptist Church

DOCUMENT NUMBER: N23000013107

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kyle Lowe

(Name of Contact Person)

Fellowship Missionary Baptist Church

(Firm/ Company)

18 S. Fifth St.

(Address)

Macclenny, FL 32063

(City/ State and Zip Code)

Fellowshipmacclenny@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Lowe

(Name of Contact Person)

at 904-586-6834

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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  
of

Fellowship Missionary Baptist Church  
(Name of Corporation as currently filed with the Florida Dept. of State)

(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 The new  
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**)

18 S. Fifth St.  
Macleary, FL 32063

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

18 S. Fifth St.  
Macleary, FL 32063

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: N/A

New Registered Office Address:

(Florida street address)

(City)

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.

N/A

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change  
☐ Add

N/A

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

2) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

3) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

4) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

5) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

6) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

**F. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7  
1  
0

N/A

N/A

(no more than 90 days after amendment file date)

**(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ 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

11/27/2023

Signature

Kyle Lowe

(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)

Kyle Lowe

(Typed or printed name of person signing)

President

(Title of person signing)