N24000001592

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J. HORNE FEB 28 2025





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01/24/25--01003--005 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

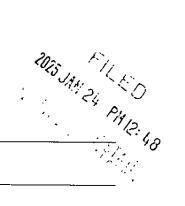
Tallahassee, FL 32314

NAME OF CORPORATION:	ian Cooperative Inc		
N24000001592 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are so	ubmitted for filing.		
Please return all correspondence concerning this ma	_		
Timothy Miller	_		
	(Name of Contact P	erson)	
The Flame Christian Cooperative			
	(Firn√ Compan	<i>'</i>)	
333 Outlook Drive			
	(Address)		· · · · · · · · · · · · · · · · · · ·
Ponte Vedra, FL 32081			
	(City/ State and Zip	Code)	
TheFlameChristianCooperative@gmail.com			
E-mail address: (to be us	sed for future annual re	ort notification)	
For further information concerning this matter, plea	se call:		
Timothy Miller	at	631-671-9619	
(Name of Contact Perso	on)		ne Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certificate of S	tatus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Div	ect Address endment Section ision of Corporations c Centre of Tallahasse	ે

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



The Flame Christian Cooperative Inc. N240000015	92
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the word	The new "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	The second of th
B. Enter new principal office address, if applicab	
(Principal office address <u>MUST BE A STREET AL</u>	ODRESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)
D. If amending the registered agent and/or regist	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	d office address:
Name of New Registered Agent:	
_	
New Registered Office Address:	(Florida street address)
	C 1 11
-	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:
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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			<u> </u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet	g additions, if neces	nal Articles, enter change(s) here: ssary). (Be specific)	
We are working on not for	profit st	ntus and have been asked to amend our organizing d	ocument to include an adequate
		ease see our update below.	
The Flame Christian Coop	erative is	organized exclusively for charitable, religious, edu	cational, and scientific purposes,
		iking of distributions to organizations that qualify a	
under Section 501 (e)(3) o	f the Inte	rnal Revenue Code, or corresponding section of any	future federal tax code.

of Section 501 (c)(3) of the Int	ternal Revenu	e Code, or t	he correspond	ing section	of any future fo	ederal tax code, c	or shall
be distributed to the federal go	vernment, or	to a state or	local governi	nent for a p	ublic purpose.		
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The data of each amount as set							
The date of each amendment(state this document was signed.	s) adoption:		<u> </u>	 .		-	, if other than th
Effective date <u>if applicable</u> :	1/16/25						
	(no	more than	90 days after	amendment	file date)		
Note: If the date inserted in this locument's effective date on the	s block does r e Department	of State's re	applicable sta ecords.	tutory filinį	g requirements,	this date will no	t be listed as the
Adoption of Amendment(s)	(<u>(</u>	CHECK ON	<u>(E</u>)				
The amendment(s) was/wer was/were sufficient for app	те adopted by oroval.	the membe	rs and the nur	nber of vote	es east for the a	mendment(s)	

	oard of directors. 1/15/24
Dated	
Signatur	Jula Mari
	(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)
	Timothy Miller
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) President