

8/29/24, 11:11 A

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Fax Number

: (323)962-8600 : (323)389-0502

\*\*Enter the email address for this business entity to be used for future

annual	report	mailings.	Enter	only	one	email	address	please.*	: *
Empil	Addrass								

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BETHLEHEM MISSIONARY CHURCH ALUMUNI 2023 INC.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Tallahassee, FL 32314

TO: Amendment Section

## **COVER LETTER**

Division of Corporations			
NAME OF CORPORATION:	SIONARY CHURCH A	LUMUNI 2023 INC.	
DOCUMENT NUMBER:	·		
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
N	like Town		
,	(Name of Contact Perso	n)	 ~2
Legalz	coom.com, Inc.	- 1	<b>21.</b>
	(Firm/ Company)		5
9900	Spectrum Dr		2024 AUG 29 AM 10: 16 SYNTE FARRY OF STATE
,	(Address)		SEE SEE
Austi	in, TX 78717		- TATE
	(City/ State and Zip Cod	e)	
euclyna@yahoo.com			
E-mail address: (10 be used	for future annual report	notification)	
For further information concerning this matter, please	call:		
Mike Town	800 at (	773-0888 ext. 9724	
(Name of Contact Person)	<del></del>	ode & Daytime Telephone Number)	)
Enclosed is a check for the following amount made page	yable to the Florida Depa	urtment of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	·
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301 To:

## Articles of Amendment Articles of Incorporation of

(trashe in Col polation as cultently	filed with the Florida De	ept. of State)	
N24000005496			
(Docur	nent Number of Corporation	on (if known)	
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation	06, Florida Statutes, this I	Florida Not For Profit Corp	poration adopts the following
A. If amending name, enter the new nam	e of the corporation:		
Bethlehem Missionary Alumini 2023 Ind			The new
name must be distinguishable and contain t "Company" or "Co." may not be used in ti		"incorporated" or the abb	reviation "Corp." or "Inc."
B. Enter new principal office address, if Principal office address <u>MUST BE A STR</u>		<del>-</del>	24 AUG
			<b>29</b>
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			2024 AUG 29 AM IO: 16
D. If amending the registered agent and/ new registered agent and/or the new r			me of the
Name of New Registered Agent:			_
New Registered Office Address:	(Florida s	street address)	
		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if cha-	nging Registered Agent;	ith and accept the obligation	e.i

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:

2024-08-29 09:17:34 PDT

(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 Doc, 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>M</u>	hn Doe ike Jones illy Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address ~~
I) X Change	T, D	WILLIAMS, EUCLYN	1163 SW MIRROR LAKE C
Add			PORT SAINT LUCIE FL:349
Remove		·	SSE
2) X Change	P	KIDD, STANLEY	1163 SW MIRROR LAKE CV
Add			PORT SAINT LUCIE, FL 34986
Remove	5.0	OME DE DE LA CONTRACTOR	
3) X Change	S,D	SMITH-RIFKIN, MARCIA	1163 SW MIRROR LAKE CV
Add			PORT SAINT LUCIE, FL 34986
Remove			
4) Change	D	KIDD, LEANORE	1163 SW MIRROR LAKE CV
Add			PORT SAINT LUCIE, FL 34986
X Remove			
5) X Change	VP,D	DUNCAN, ARNOLD	1163 SW MIRROR LAKE CV
Add			PORT SAINT LUCIE, FL 34986
Remove	·	•	·
6) Change	D	Pauline Case-Williams	1163 SW MIRROR LAKE CV
X Add			PORT SAINT LUCIE, FL 34986
Remove			

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	•
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		2021
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		<u> </u>
		16

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The	, if other that	n the	
Em	ective date if applicable:		
	(no more than 90 days after amendment file date)		
Ado	option of Amendment(s) (CHECK ONE)		•
	The amendment(s) was/were adopted by the members and the number of votes east 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 Aug. 10, 2024		
	Signature Stanley Widd	<u>\$</u>	
	(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)	2024 AUG 29	n
	Stanley Kidd	`გ≺	m
	(Typed or printed name of person signing)  President	A D. I	O
	(Title of person signing)	و الله	