N34622

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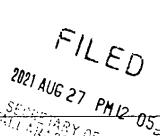
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Macedonia Primitive Baptist Church INC
DOCUMENT NUMBER: #N34622
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patricia Williams
(Name of Contact Person)
Macedonia Primitive Baptist Church, Inc.
P. O.Box 24240
(Address)
Lakeland, Florida 33802 (City/ State and Zip Code)
Patwilliams 609 @ Hotmail . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patricia Williams "8635295069
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \$\Bigcup \\$Certificate of Status
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Fl	orida Dept. of State)	MILLERY OF US	#E0 000017 1
Macraonia Primitive	Bastist	Church INCI	#59273817/
	t Number of Corporation	on (if known)	_
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida	Not For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incor	porated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable			
(Principal office address MUST BE A STREET ADL	ORESS)		
	- 1 11 11		
			_
C. Enter new mailing address, if applicable:	(V)		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
			_
D. If amending the registered agent and/or register	red office address in F	lorida, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
New Regimerea Office Address.			
	(City)	, Florida (Zip Code)	
	(cii)	(rap Chuc)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered 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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove 2) Change		Elder/Pastor Anthony Brown	P.DBDX 2424D LaKeland, Fl 33802
Add Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			
	ng additional Arti	icles, enter change(s) here: (Be specific)	

	•		
		<u></u>	
			
		<u> </u>	
The date of each amendment(s) adoption	on:	, if other than t	he
date this document was signed.			
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this block document's effective date on the Departm	bes not meet the applicable statutory filing requirement of State's records	ments, this date will not be listed as the	
document 8 effective date on the Departit	ion of other process.		
Adoption of Amendment(s)	(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 8-26-2021
Signature Lating a UNIChiane
(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)
Patricia Williams (Typed or printed name of person signing)
Treasurer / Trustee (Title of person signing)