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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

SOUTHEAST NAME OF CORPORATION:	MARION BAPTIST	CHUR	CH, INC.	
N36514 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee ar	-			
Please return all correspondence concerning this	matter to the follow:	ing:		
Robb Elmatti				
	(Name of Cont	tact Pers	on)	
Forest Community Fellowship, Inc.				
	(Firm/ Cor	mpany)		
15475 SE 182 AVE RD				
	(Addre	ess)		
UMATILLA, FL 32784				
	(City/ State and	d Zip Co	de)	
robbelmatti@gmail.com				
E-mail address: (to be	e used for future anni	ual repor	t notification	n)
For further information concerning this matter, p	olease call:			
Robb Elmatti		3 at	52	267-5087
(Name of Contact P	erson)			(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Flo	orida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta		ру	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amer Divis	t Address ndment Sect ion of Corpo Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

SOUTHEAST MARION BAPTIST CHURCH, INC.

2021 JAN 15 PH 4: 31

Name of Corporation as currently filed with the Florida D	ept. of State)	SECRETARY OF STATE
N36514		SECRETARY OF STATE TALLAHASSERIEL
(Document Number	er of Corporation (if know	(nv
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For P</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
Forest Community Fellowship, Inc.		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" o	
B. Enter new principal office address, if applicable:	Forest Community Fello	owship, Inc.
(Principal office address MUST BE A STREET ADDRESS)	15475 SE 182 AVE RD	
	UMATILLA, FL 32784	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florid	la street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		obligations of the position.
Si	gnature of New Registere	d 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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
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 addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
N/A			
	· · · ·		

••		
		
		
		<u>.</u>
		
	n:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
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.	so, the memoris and the homoer of roles cast for the amendment(s)	

Also, please correct a typo in my name as recorded on the sunbiz website. An "E" was erroneously entered as my middle initial; it should be an "F."

1/12/2021

My correct name: Robert F. Elmatti, II

Thank you,

Policy & Eliet F Robb Elmatti

(Robert F. Elmatti, II)

Dated	January 5, 2021
Duice	DI 11 81 Knth
Signatur	By the chairman or vice chairman of the board, president or other officer-if director
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)
	Robert F. Elmatti, II
	(Typed or printed name of person signing)
	(1 yped of printed hante of person signing)
	President

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were