# N39695

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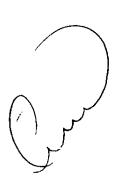
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11/25/13--01004--013 \*\*43.75

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DECEMBED NO.





#### **COVER LETTER**

TO: Amendment Section Division of Corporations Shiloh Missionary Baptist Church, LLC of Plymouth, FL NAME OF CORPORATION: N39695 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carroll Kearse (Name of Contact Person) Kearse Income Tax Service (Firm/ Company) 1725 London Crest Drive, #301 (Address) Orlando, FL 32818 (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eddie L. Clark (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

SHILOH MISSIONARY BAPTIST CH	URCH, INCORPORATED C	)F
(Name of Corporation as currently filed with the Flori	da Dept. of State)	<del></del>
PLYMOUTH, FLORIDA		
(Document Number of Corp	poration (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>	
		The new
name must be distinguishable and contain the word "corporation	on" or "incorporated" or the abbreviation "C	orp." or "Inc."
"Company" or "Co," muy not be used in the name.		7.009
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
-		~
-		25
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		1.10 <b>%</b>
-		<del></del>
,		
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 ad-		
Name of New Registered Agent:		
tume of their registered rigeri.		
	Florida street address)	
New Registered Office Address:	iorau areer aduresay	
	171	
(City)	, Florida	n Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary		sition.
, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	

Page 1 of 4

Signature of New Registered Agent, if changing

Carroll L. Learse

## 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	 
Add			
Remove			
2) Change		N/A	 
Add			<del></del>
Remove			
3)Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			<del></del>
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
_		<del></del>	
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)
DISSOLUTION CLAUSE
Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes
within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any
future federal tax code, or shall be distributed to the federal government, or to a state or local
government, for a public purpose.

The	date of each amendment this document was signed	(s) adoption: November 20, 2013	, if other than the
	ective date if applicable:	November 20, 2013	
energy date in applicable.		(no more than 90 days after amendment file date)	
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment(s) oproval.	
	There are no members or adopted by the board of c	members entitled to vote on the amendment(s). The amendment(s) was/were firectors.	
	Dated Nov	vember 21, 2013	
	Signature 2	clas L. Clark	
	(By the	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Eddie l	Clark	
		(Typed or printed name of person signing)	
	Chairm	an	
		(Title of person signing)	