N39957

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200355578812

NO/ 2/3 (20)

11/24/28--81915--818 ++85.00

9 2021 S. YOUNG



COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

r s

NAME OF CURPURATION: _	The First	United	Methodi	st Ch	nurch	οf	Interlachen,	Inc.
	N 39957	,				_		
DOCUMENT NUMBER:		 -	 -					
The enclosed Articles of Amendm	ent and fee are sub	mitted for fili	ng.					
Please return all correspondence co	oncerning this mat	ter to the follo	wing:					
Da	vid Miller							
		(Name of Co	ntact Person)			_	_	
		(Firm/ C	ompany)					
109 Rober	ts Street							
		(Add	lress)					
Interlach	en, Florid	a 32148	 					
		(City/ State a	nd Zip Code)					
churchofficelu	-							
E-mail	address: (to be use	d for future an	nual report no	tification	1)			
For further information concerning	this matter, please	e call:						
David Miller			at	(386)	684-	362	7	
(Name	of Contact Person	1)		(Code	(Daytim	e Tele	phone Number)	
Enclosed is a check for the following	ng amount made p	ayable to the F	lorida Depart	ment of	State:			
谷\$35 Filing Fee □\$45 Cc	3.75 Filing Fee & rtificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	ору	Certifi Certifi	Filing Fe cate of St ed Copy ional Cop sea)	atus		
Mailing Address Amendment Section of Corp	tion		Street A Amendm Division	ent Secti				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amenoment to Articles of Incorporation

The First United Methodist Church of Interlachen, Inc.

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N 39957		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit C	orporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
	N/A	The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "incorporated" or the a	
B. Enter new principal office aggress, it applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	<u>\$</u>)	
	-	
C. Fatanaman Wasan Adams 16 Parks	N / 7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	23
		BB NOV 23 AM III
D. If amending the registered agent and/or registered of	Sanaddanain Marida aras at	
new registered agent and/or the new registered office	address:	name of the
	 David Miller	
Name of New Registerea Agent:		
	109 Roberts St	
New Registered Office Address:	(Florida street d	address)
	Interlachen	32148
	(City)	, Florida (Zip Code)
	(City)	(zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent. I am j	amiliar with and accept the obliga	tions of the position.
	1 1mi	1
	Signature of New Registered Agent	t if changing
•	orginarare of them wegintered Agent	i, ij chunging

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 A Auu	PT John Doe V Mike Jone Sv Sany Smi	<u>es</u>	
Type of Action (Check One)	<u>Title</u> 1	<u>Name</u>	Address
Change Add		John Bennett	2804 Silver Lake Drive Palatka, Florida 32177
2) X Change Add Remove 3) Change Change X Add	President	David Miller dent/ Larry Albert	109 Roberts Street Interlachen, Florida 32148 368 Sleepy Hollow Drive Interlachen, Florida 32148
Remove 4) Change X Add	Secretary/ Director	Brenda Smith	919 Marion Avenue Interlachen, Florida 32148
Kemove 5) Change X_ Add	Treasurer/ Director	Dottie Roundtree	P. O. Box 1275 Interlachen, Florida 32148
Remove O) Change X Add	Director	David Perez	118 Santiago Street Interlachen, Florida 32148
		es, enter change(s) here: Be specific)	

☐ The amendment(s) was/were act was/were sufficient for approva	dopted by the me	mbers and the nu	ımber	of votes ca	st for the amer	ndment(s)	
Adoption of Amendment(s)	(CHECK	(ONE)					
Note: If the date inserted in this blo document's effective date on the De	ck does not mee partment of State	t the applicable si e's records.	tatuto	ry filing red	quirements, thi	s date will not l	be listed as the
		than 90 days afte					
Effective date if applicable:		November					
The date of each amendment(s) ad date this document was signed.	loption:			·			_, if other than the
		November	2.	2020			
							·
	<u> </u>						
							<u></u>
				<u> </u>			···
							
	 						
							
						-	
	··· <u>-</u>				 		
		· · · · · · · · · · · · · · · · · · ·					
	·	<u> </u>					
	·						
		·					
			_				
				·			

Signatur	$\Omega_{\rm e}/mH$
	(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, or other court appointed fiduciary by that fiduciary)
	David Miller

(Title of person signing)

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

adopted by the board of directors.