N45810

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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ZOIBOCT 16 PM 2: 10 SECRETARY OF STATE

C. GOLDEN 0CT 2 5 2018

COVER LETTER

Division of Corporations
NAME OF CORPORATION: New Beginning Missionary Baptist Church
DOCUMENT NUMBER: N 45810 INC
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eric Readon (Name of Contact Person)
New Beginning Missionary Baptist Church In
2125 N.W. 155th St. (Address)
Miami, FL 33054 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eric Readon at 305 915 8378 (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 □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

New Beginning	MCSSIONAN Baptist
(Name of Corporation as current	y filed with the Florida Dept. of State)
N4581	0
(Document Number	r of Corporation (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 adopts the following
A. If amending name, enter the new name of the corporation	on:
name must be distinguishable and contain the word "corporation	The new on" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	1P
B. Enter new principal office address, if applicable:	2125 N.W. 1551 St
(Principal office address MUST BE A STREET ADDRESS)	2125 N.W. 155th St MIami, FL 33054
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
-	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
	Eric Readon
Name of New Registered Agent:	1125 N.W. 155th St
New Registered Office Address:	(Florida street address)
2	125 1/11 155 32054
	125 N.W. 155 Florida 33054 (City) (Zip Code)
	nia mi, FL
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fam	Agent.
Thereby the appointment at regime en agent.	
Si	nature of New Registered Agent, if changing
	υ 2

Page 1 of 4

HOCT IS PM 2: IC

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 I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	RA	Andrew Kassier	4500 S. Letene Rd Coral Gables, FL 33146
2) Change Add	PCEOD		2125 N.W 155 Kt Miami, FL 33054
Remove 3) X Change Add Remove	<u>S</u>	Lakeish T. Readon	2125 N.10.155 H-St 11cami, Fl 33054
4) Add Remove	<u>D</u>	Joseph Riley	2125 N.W 155 RSt Mam, Fl 33054
5) Change Add Remove			
6) Change Add Remove			

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ſ'ne	date of each amendment(s) adoption:	: <u></u>	9/2/	1,2018	, if other than the
late	this document was signed.		/ /		
Effe	ective date <u>if applicable</u> :	10	11/20	18	
	6	no more than 90 f	lays After amendn	nent file date)	
	e: If the date inserted in this block does ument's effective date on the Departmen			ling requirements. this	date will not be listed as the
\ da	option of Amendment(s)	(CHECK ONE)			
À	The amendment(s) was/were adopted b was/were sufficient for approval.	y the members an	d the number of v	rotes cast for the amen	dment(s)
	There are no members or members enti- adopted by the board of directors.	itled to vote on the	e amendment(s).	The amendment(s) was	s/were
	Dated	12018			
	Signature				
	(By the chairman or	ted, by an incorpo	orator - if in the h	nt or other officer-if d ands of a receiver, trus	
		Eric (Typed or	Reado	Aperson signing)	
		PCE	<u> </u>	, , , , , , , , , , , , , , , , , , ,	
			(Title of person	signing)	