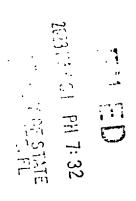
## N46457

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	OD LUTHERAN CHURCH OF HAINES CITY, FLORIDA, INC.	
N46457 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee		
Please return all correspondence concerning th	is matter to the following:	
KATHERINE DIERKER		
	(Name of Contact Person)	
LAMB OF GOD LUTHERAN CHURCH OF	HAINES CITY, FLORIDA, INC.	
	(Firm/ Company)	
901 SCENIC HWY		
	(Address)	_
HAINES CITY, FL 33844		
	(City/ State and Zip Code)	_
officemanager@lambofgodhainescity.com		
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter	, please call:	
KATHERINE DIERKER	863 421-2811	
(Name of Contact		
Enclosed is a check for the following amount	made payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of		
Mailing Address  Amendment Section	Street Address Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LAMB OF GOD LUTHERAN CHURCH OF HAINES CITY, FLORIDA, INC.

Name of Corporation as currently filed with the Florida	Dept. of State)
N46457	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ition:
<u> </u>	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	The new ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
	11
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	min —
	근목 32
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent:	
Name of New Registered Agent.	· <del>-</del> · · ·
<del></del>	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	
I hereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the position.
<del></del>	Signature of New Registered Agent, if changing
ı	against of the a requirer of agent, if enoughing

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 Do           V         Mike Jo           SV         Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	JAMES BARNHART	901 SCENIC HWY HAINES CITY, FL 33844
x Remove			
2) Change × Add	<u>T</u>	LYNNE MARTIN	901 SCENIC HWY HAINES CITY, FL 33844
Remove 3) Change Add Remove			
4) Change Add		<u> </u>	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she	ing additional Areets, if necessary).	ticles, enter change(s) here: (Be specific)	
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					•
The date of each amendment(s) adopt date this document was signed.	ion:		<del>-</del>	<del>-</del>	, if other than the
Effective date if applicable: MAY 11	. 2023				
	(no more than 90	days after amei	ndment file date)		
Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the app ment of State's reco	olicable statutor	y filing requireme	ents, this date will no	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopt was/were sufficient for approval.			of votes east for th	ne amendment(s)	

.

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 05/11/2023				
Signature  (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)				
KATHERINE DIERKER				
(Typed or printed name of person signing)				
PRESIDENT				

(Title of person signing)