N9300000749

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ALLANASSEE FLORIBA

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ChaisT UN	ited Methodist Church, INC.				
DOCUMENT NUMBER: <u>N9300000</u>	749				
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
SARAH A. ME	Name of Contact Person				
	Ethodist Church Firm/Company				
1313 GRIFFIA	/_ Rd				
	Address FL 34748 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	e call:				
SARAL A. MEAdows Name of Contact Person	at (<u>352</u>) <u>365 – 6622</u> Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made p					
\$35 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address 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

ChrisTymc Lsba@ G	mail Com
	tly filed with the Florida Dept. of State)
N930000007	49
	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
MA	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
(1. mequi office dames, <u>most up trotikise tribinisos</u>)	2022
C. Enter new mailing address, if applicable:	NA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent //	P
(Florida s	treet uddress)
New Registered Office Address:	. Florida
New Negationed Office Matricas	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: - with and accept the obligations of the position.
N/A	
Signature of New	Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Mike Jones, V as Remove	e, and Sai	lly Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{Y}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	2	JAMES CAULEY	514 Old CoLong Rd.
Add	7	,	LEES HURG FL 34748
Remove 2) Change	_C	JEff FLUKER	5301 TREASURE WIEW
Add Remove Change Add	TR	ERIC ROYCE	LEESBURG, FL 34748 5608 ALSTIN ST. LEESBURG, FL 34748
Remove 4) Change Add	D	JACKIE BRIDGES	01318 Spring LAKE Rd. FRUITLAND PARK
Remove 5) Change Add			FL, 347.
Remove 6) Change Add Remove			Par Jul -5
			AMIL: 0.

E. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific)		
1//0		
V/H	<u> </u>	
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	02 (10)	_
	-	_
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
NA		
		_
		
· · · · · · · · · · · · · · · · · ·		
		_

NA	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sh action was not required.	areholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	-11
"The number of votes cast for the amendment(s) was/were sufficient for approval by Jeffers and Jeffers (voting group) (voting group)	
Dated 6/19/22	
Signature Defensor Duken	~
(B) a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
TEFFERSON FLUKER (Typed or printed name of person signing)	
(Church) Council Chrirman (Title of person signing)	