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Office Use Only



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A. BUTLER JUN 13 2022

COVER LETTER

TO: Amendment Section Division of Corporations

Philippi Baptsit Church Ceme NAME OF CORPORATION:	etery Association
N95000002027 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted fo	or filing.
Please return all correspondence concerning this matter to the	following:
Jennifer Ponds	
(Name o	of Contact Person)
(Fir	m/ Company)
187 Fedora Way	
	(Address)
Lake City, FL 32025	
(City/ St	tate and Zip Code)
E-mail address: (to be used for future	re annual report notification)
For further information concerning this matter, please call:	
Jennifer Ponds	386 628-2195
(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:
	Tied Copy Certificate of Status tional copy is Certified Copy

Mailing Address

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

FILED

Philippi Baptist Church Cemetery Association		2022 APR 25 AM 6: 35
Name of Corporation as currently filed with the Florida	Dept. of State)	
N95000002027		SECRETARY OF STATE TALLAHASSEE, FL
(Document Num	iber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For</i> 1	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ration" or "incorporated"	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>s</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jennifer Ponds	
	187 Fedora Way	
	Lake City, FL 32025	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flori	ida street address)
		F1:1-
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		e obligations of the position.
	•	- '
	Signature of New Register	ed Agent, if changing

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 D Y Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
Article II (Officers): Sep	aration of Secreta	ry/ Treasurer. There will now be a Secretary	position and a Treasurer position
Secretary shall be respons	ible for keeping n	ninutes of meetings, membership records, wil	take care of all correspondence and
end notices of annual me	etings. The Treas	surer will receive and disburse money, make of	leposits, co-sign all checks and be
sponsible for the keepin	g of all financial r	records.	

	
	
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	, it ould dian die
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 locument's effective date on the Department of State's records.	t be listed as the
\doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)	

was/were sufficient for approval.

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 04/07/2022 Signature 04/07/2022		
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)		
Michael N. Bestoso		
(Typed or printed name of person signing)		
President		
(Title of person signing)		