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٠. <u>د</u>	CHRISTIAN AND MISSIONARY ALLIANCE CHURCH TY,FLORIDA
ΓΟ: Amendment Section Division of Corporations	
NAME OF CORPORATION: SOUTH DADE C OF LEISURE CI	CHRISTIAN AND MISSIONARY ALLIANCE CHURCH
DOCUMENT NUMBER: N95000003845	•
The enclosed Articles of Amendment and fee are submitte	ed for filing.
Please return all correspondence concerning this matter to	the following:
CONRAD DELATORRES	
	nne of Contact Person)
	(Firm/ Company)
16325 SW 288 ST	(A11)
	(Address)
HOMESTEAD FL 33033	
(Cit	ty/ State and Zip Code)
DWARRIORS4C@AO	LCOM
E-mail address: (to be used for	L.COM future annual report notification)
For further information concerning this matter, please call:	:
OONDAD DELATORDES	005 040 0 155
CONRAD DELATORRES (Name of Contact Person)	at 305 216 0455 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	le to the Florida Department of State:
•	
()	A3.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

SOUTH DADE CHRISTIAN AND MISSIONARY ALLIANCE CHURCH OF LEISURE CITY FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State)

N95000003845

(Document Number of Corporation (if known)

Talls FEB 15 AMID: 35 Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc.".
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <u>OX</u>)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent:	CATHLEEN WALTERS
	16325 SW 288 ST
New Registered Office Address:	(Florida street address)
	HOMESTEAD , Florida EL (City) (Zip Code)
New Registered Agent's Signature, if changing R	Registered Agent: 1. Lam familiar with any accept the obligations of the position.
(and the state of t
7	Signature of New Registered 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		Doc Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u> </u>	LINDA C. HURLEY	16325 SW 288 ST
Add			HOMESTEAD FL 33033
X Remove			
2) Change	_ES	CATHLEEN WALTERS	16325 SW 288 ST
X Add			HOMESTEAD FL 33033
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			·

C. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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the date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 requirement document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	(s) was/were
Dated 2/11/2019	
Signature Company of the Signature	
(By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary)	
—CONRAD-DELATORRES(Typed or printed name of person signing)	
- · · · · · · · · · · · · · · · · · · ·	
PD	
(Title of person signing)	