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10 JUL 16 PH 12: 06

R. WHITE
JUL 1 6 2013



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Greater Mount Plea	asant Missionary Baptist C	hurch
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Tommy Lewis		
		Name of Contact Person	n
	<del></del>	Firm/ Company	
	PO Box 5455		
		Address	
	Tallahassee, FL 32304		
		City/ State and Zip Cod	С
gmpti	nance2@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Tommy Lewis		at ( <u>850</u>	1590-6978
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

FILED

Greater Mount Pleasant Missionary Baptist Church	2819 JUL 16 PH 12: 13
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
N98000001196	SECRETARY OF STATE  SALLAHASSEE, FLORID.
(Document Nu	unber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
name must be distinguishable and contain the word "cor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation ;," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi	
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
(FI	lorida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fe	d Agent: amiliar with and accept the obligations of the position.
Signature c	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 PT John Doc X Remove V Mike Jones $\underline{X}$ Add <u>SV</u> Sally Smith Type of Action <u> 1 itle</u> <u>Name</u> Address (Check One) SFD Rose Screen PO Box 5455 1) \_\_\_\_ Change Tallahassee, FL 32317 Add Remove PO Box 5455 CEO Roderick Robinson 2) \_\_\_\_ Change Tallahassee, FL 32317 $\Lambda dd$ Remove Ashonna Williams PO Box 5455 CFO. 3) \_\_\_\_ Change Tallahassee, FL 32317 Add Remove **OFF** PO Box 5455 Henry Murphy Change Tallahassee, FL 32317 \_\_ Add Remove **OFF** Olyvia Skinner PO Box 5455 5) \_\_\_\_ Change Tallahassee, FL 32317 Add Remove OFF Tennie Jackson PO Box 5455 6) Change Tallahassee, FL 32317 Add Remove

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.

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Example:  X Change X Remove X Add	V Mike	Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>SEC</u>	Rethia Hudson	PO Box 5455 Tallahassee, FL 32317
2)	Treas	Adam Jameson	PO BOX 5455 Tallahassec, FC
Remove 3 ) Change Add	CHR	Tommy Lewis	323/7 _PO_Box 5455 _Tatla/hassee,F-
Remove 4) Change Add			32317
Remove Change Add Remove			
6) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
Article II 1 1
$(I \cap I \cap$
To Condinate any and all lawful
business as designated by the church.
As well as establish learning facilities
for all ages, develop scholarship Rinds;
Care and help aid the testing in
providing tunding clothing and nourishment
Developing the Whole person.
,
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)

The date of each amendment(s) adoption: _ date this document was signed.	1-16-19	, if other than the
Effective date if applicable:		
in applicable.	(no more than 90 days after amena	lment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filir of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes of approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting	he shareholders through voting groups group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast for the am-	endment(s) was/were sufficient for app	oroval
by		<del>"</del>
(1)	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder ac	tion and shareholder
07-16-19 Dated		
Signature Casho	nna) () (00	
selected, by an inc	sident or other officer – if directors or corporator – if in the hands of a receive	
appointed fiduciar	ry by that fiduciary)	
Ashonna V	Villiams	
	(Typed or printed name of person sig	ning)
CFO		
<del></del>	(Title of person signing)	

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