## N980003236

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## **COVER LETTER**

TO: Amendment Section .Division of Corporations

NAME OF CORPORATION: NEW RISING STAR MISSIONARY BAPTIST C	HURCH
DOCUMENT NUMBER: N98000003236	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
OTIS B. COUPER II  (Name of Contact Person)	
(Name of Contact Person)	
NEW RISING STAR MINISTRIES (Firm/Company)	
1509 E. NORTH BAY ST (Address)	
TAMPA FL 33610 (City/ State and Zip Code)	
(City/ State and Zip Code)	
NEWRISING STARMBC CAMAIL. COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
OTIS B. COUPER To.  (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:	
\$35 Filing Fee S43.75 Filing F	
Mailing Address Amandmant Section	
Amendment Section Amendment Section  Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation of

(Name of Corporation a	10NIAKY DA	PTIST CHURCH TMC
N980000003		
· · · · · · · · · · · · · · · · · · ·	ent Number of Corporati	on (if known)
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the c	corporation:	
NEW RISING STAR MININAME must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	ISTRIES T "corporation" or incor	The new porated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
D. If amending the registered agent and/or registered new registered agent and/or the new registered		E: -
	NIA	
Name of New Registered Agent:	NIA	- <u>O. F.</u> 38
New Registered Office Address:		(Florida street address)
_	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Real Interests accept the appointment as registered agent.	gistered Agent: I am familiar with and	accept the obligations of the position.
	Signature of New	v 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	PT         John I           V         Mike I           SV         Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)ChangeAddRemove		DIA LISA HAYES	1509 E. NORTH BAN ST TAMPA FL 33610
2) Change Add Remove	T	JESSIE INHITE	TAMPA FL 33410
3) Change Add Remove	ES	LERONDP THOMAS	1509 E. NORTH BAYST TAMPA FL 33610
4) Change Add Remove	<u> </u>	TRASHONA BURNETT	1509 E. NORTHBAYST TAMPA FL 33610
5) Change  Add  Remove	<u>T</u>	ARETHEA SMITH	1509 E. NORTHBAYST TAMPA PL 33410
6)	<u>ks</u>	SHERRYROBERSON	1509 E. NORTH BAYST TAMPA FL 33410
Remove		Puge 2 of 4	

E. If amending or adding additional Articles, enter change(s) here:				
(attach additiona	I sheets, if necessary). (Be spec	ific)		
ADDING	OFFICER	LATASHA HOUSER	1509 E. NORTHBAYS	
·			TAMPA PL 33610	
ADDING	OFFICER	RAYMOND HENDERON	1509 E. NOVIHBA	
<u></u>			TAMPACL 336	
		······································	<del></del>	
	7.11		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) add late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will not artment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 11/28	12017	
Signature	nan or vice chairman of the board, president or other officer-if directors	_
have not beer	n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
OT	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)  1 RECTUR	
	(Title of person signing)	