770470

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TO: Amendment Section Division of Corporations

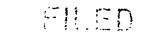
Cho NAME OF CORPORATION:	ices Women's Clinic, I	nc.		
770470				
DOCUMENT NUMBER:				
The enclosed Articles of Amendmen	and fee are submitted	for filing,		
Please return all correspondence con-	cerning this matter to th	e following:		
Vicky Mathews				
	(Nam	e of Contact Perso	on)	·- <u>-</u>
Choices Women's Clinic, Inc.				
	1)	firm/ Company)		
1851 W. Colonial Dr.				
 		(Address)		
Orlando, FL 32804				
	(City/	State and Zip Co	de)	
vicky@choiceswomensclinic.com				
E-mail ad	dress: (to be used for fu	ture annual report	notification)
For further information concerning th	nis matter, please call:			
Vicky Mathews		4(at		244-5529
(Name o	f Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made payable	to the Florida Dep	partment of S	State:
■ \$35 Filing Fee □\$43.7 Certi	ficate of Status Cer (Ad	.75 Filing Fee & tiffied Copy ditional copy is losed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Street	t Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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



2021 JUN -4 AH 12: 04

	01	SPERFILLY OF CO.
Choices Women's Clinic, Inc.		SECRETARY OF SIX TABLAMASCELLE
Name of Corporation as currently filed with the l	lorida Dept. of State)	
(Docume	nt Number of Corporation (if k	(nown)
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the o	corporation:	
	· · · · · · · · · · · · · · · · · · ·	The ne
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	'corporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	OX)	
_		
		
 If amending the registered agent and/or registered new registered agent and/or the new registered. 		, enter the name of the
Name of New Registered Agent:		
Mine by Sen Registered Agent.		
_	ı.	Torida street address)
New Registered Office Address:		
-	~	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re		t the abligations of the months.
hereby accept the appointment as registered agent.	i am jamuiar with ana accep	i ine oougutions of the position.
	Signature of New Regis	tered 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 A Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
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	 a				
4) Change Add					
Remove					
5) 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 III PURPOS	SES				
The corporation is organi	zęd exclu	ively for charitable, religious, and c	ducational purposes within		
the meaning of section 501(c)(3) of the Internal Revenue Code and is a faith-based organization. The					
purpose of this corporation	n shall be	to encourage, through education an	d outreach, the recognition		
of human life from the mo	oment of	onception and to minister in the na	me of Jesus Christ to women and		

make he	althu	life	chices					
		<u> </u>	ONEX CE				•	
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he date of each a ate this document		s) adoptio	n:				, if	other than th
ffective date <u>if ap</u>	pplicable:							
	 -		(no more than 90 de	iys after amer	sdment file date	·)		
ote: If the date in ocument's effective	serted in thi	s block doe e Departme	es not meet the applent of State's record	cable statutors.	y filing require	ments, this date	will not be lis	sted as the
doption of Amen			(CHECK ONE)					
aopuon oi Amen	ument(8)		(CHECK USE)					

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 membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	May 18, 2021
Signature	Kryste de Graide
(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)
	Krystle DeGraide (Typed or printed name of person signing)
	Chairman of the Board (Title of person signing)