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## **COVER LETTER**

**TO:** Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: WORKERS FOR Christ Association, INC. DOCUMENT NUMBER: NODDODD 1863 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment

to

## Articles of Incorporation , of

Workers for Christ	As	61 5500	ation	n, In	K	
(Name of Corporation as currently filed with the Flor	<u>erida Dep</u>	ot. of State	)	,		
<u> </u>	<u> </u>					
(Document N	Number o	of Co <del>rp</del> orat	ion (if knov	vn)		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, t	this <i>Florida</i>	Not For F	rofit Corporal	ion adopts the	e following
A. If amending name, enter the new name of the corr	rporation	<u>ı:</u>				
						_The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation	n" or "inco	rporated" c	or the abbrevia	tion "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>		··· <u>-</u>				
						- 13
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>					2026 ANY
						1114
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D. If amending the registered agent and/or registered			Florida, en	ter the name	of the	11 10: 47
new registered agent and/or the new registered of	ffice addi	ress:				
Name of New Registered Agent:						
New Registered Office Address:			(Florid	a street address)		
the regime of confict medicing.						
<del></del>		(6)			orida	
	(	(City)		1	(Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	itered Ag am famili	zent: iar with and	l accept the	obligations of	the position.	
	Signe	uture of Nev	v Registere	d Agent, if cha	 nging	

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           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	ID	Joyce Wright	1107 M. W. 29 Thave. Ft. Landerdole, El. 33311
Remove  2) Change Add	_D_	Jimmy Jones	3471 71.W. 4th of. Ft. Lauderdale, Fl. 33311
Remove 3) Change Add Remove	<u>S.</u>	Thomacina Gosier	3471 71. W. 4 5 Ct. Ft Landerdale Fl.
4) Change Add			
Remove  5) Change Add			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adopt date this document was signed.					, if other than the
Effective date if applicable:	7/28/	<b>シ</b> カシの			
тмеснуе часе и аррисавле:	1/28/	days after amend	ment file date)		
Note: If the date inserted in this block of document's effective date on the Depart	foes not meet the app	olicable statutory		nts, this date will no	t 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 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 7/28/2020 Signature Kennyh Jahn
(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)
(Typed or printed name of person signing)
OResident (Title of person signing)

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