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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Morgan Ministries	s, INC,
DOCUMENT NUMBER: N0000001981	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Elizabelle Morgan (Name of Contact Person)	
(Name of Contact Person)	
MORGAN Ministries INC. (Firm/ Company)	
(Firm/ Company)	
P. O. GBY 680128 (Address)	
(Address)	
URIGNAO, FI 32868 (City/ State and Zip Code)	
(City/ State and Zip Code)	
mninistRiesoel & gmail.com E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
Elizabeth Morgan at (3) (Name of Contact Person) (Area	21) 436-2039
(Name of Contact Person) (Area	Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Departr	ment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certificate of Status	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Ad	
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

	of	
(Name of Corporation as currently filed with the Florida	inistries,	INC
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N00000001981 (Document Num		
(Document Num	ber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not Fa</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		Tha naw
name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name.	ation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>N/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIA	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:	address:	, enter the name of the
	·	
New Registered Office Address:	(F	lorida street address)
	NIA	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	ed Agent: familiar with and accept	t the obligations of the position.

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	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add	_D	Naiken, Anand	9950 Brodbeck Blv Oxlando Fl 32832
Remove 2) Change Add	<u>D</u>	Laborte, Jeani Ice	108 LONG HORN ROad WINTER PERK, F1 32792
Remove Change Add Remove	<u>D</u>	Elizabeth Morgan	P. O. Box 1161 ORIGNAD F1 32802
4) Kennove 4) Kennove Add	<u> P</u>	Ellis, John	P.O. Box 1161 ORIGNAO, FI 32802
Remove 5) Change Add		Bellaire, PRESTON	1691 Kingston Road Longwood, F1 32750
Remove 6) Change Add			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
		N/A	
			

		
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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(ne	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be tof State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

乜	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 2.15-2023
	Signature Bilizabeth J. Mongo
	(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)
	Elizabeth I. Morgan
	(Typed or printed name of person signing)
	Forocutine Director
	(Title of person signing)