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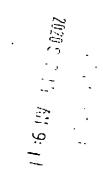
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COVER LETTER

1
NAME OF CORPORATION: Shepherd's Gate, Inc.
document number: N000000 5821
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAMES E. Guy (Name of Contact Person)
Shepherd's Gate Inc. (Firm/Company)
4081 STILLWATER DR.
Chipley, FL 32428 (City/ State and Zip Code)
NAYQUY 1957 & G mail com Nayquy 1957 & G mail com Tenail address: (W be used for future annual report notification)
For further information concerning this matter, please call:
TAMES E. Guy at 850-258-5854 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

(Name of Corporation as currently filed with the Florida I	Dept. of State)
Shephand's Gate Inc.	N00000005821
	er of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
	N/A The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	N/A
	45
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4081 STILLWATER DR. ==
	Chipley, FL.
	32428
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	
Name of New Registered Agent:	AMES DOYLE GUY
	199 Hwy 390 (Florida street address)
New Registered Office Address:	' (Florida street address)
1.	INN HAVEN Horida 32444
	INN HAVEN Florida 32444 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	
Y	
	gnature 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 γ = Secretary, D = Director; TR = Trustee; C γ = Charman or Clerk; CEO γ Chief Executive Officer, CFO γ 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: <u>N</u> Change N Remeye N Add	$\overline{\underline{V}}$ <u>Mis</u>	n Doe se Jones sy Smith	
I vpe of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
li Change Add	P	JAMES E. Guy	4081 Stilluster Dr. Chipley, FC
Remove 2	<u> </u>	JAMES Dayle Gruy	32428 1499 W. Huy 390 Cynn Haven, Fi
Remove Change Add Remove			32444
4 Change Add			
Remove Change Add			
Remove 6) Change Add			
Remove E. If amending or ac	lding additional	Articles, enter change(s) here:	

E. If amending or adding additional Articles, enter change(s) here: aita, h additional sheets, if necessary (i) Be specific)

(1) Thepherd's GATE Church is an Extension of the Corporation along with All mission endeavors and Food brank. At this present time, Travis Mask is pastor and Milton Brown acts as Assistant pastor. Milton Brown is in Total control of all Food Officertions. Travis Mask is in full control of all Missions. Travis Mask is natural control of all Missions. Travis Mask is pastor of all religious activities and can only

Mr. Misk, as pastor; by Corporation. Suk and property: All e paid through the (2) Shepherd's Gate Ch Corporation in rai Church and Food base the Following amou A. Pay All electr libbility And bu Church Shall be re- Anchor Asst. Pastor	me only. Me only. Me to lease their Respective Buildings Ints. Lease their Respective Buildings Lits. Lebills, Taxes, Maintenance and ALL Liding Coverage AT A per year late. Sponsible for all bebts Inwared by Par	courred bulblings to be
<u></u>		
		
The date of each amendment(s) ado cate this document was signed.	option: X SEPT 08, 2020	if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: It the date inserted in this block document's effective date on the Depo	k does not meet the applicable statutory filing requirements, this date will no	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)	

4	
\square	
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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Signature

(By the chairman or vice chairman of the board, president or other object-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other count appointed fiduciary by that fiduciary)

X JAMES E, Guy

(Typed or printed name of person signing)

(Title of person signing)