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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Ministry Matrix I	nc	
DOCUMENT NUM	BER: N03000008422		
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
	Ruthanne M Lynch		
		Name of Contact Person	1
	Ministry Matrix Inc		
		Firm/ Company	
	12146 Millford Lane N		
		Address	_
	Jacksonville FL 32246		
		City/ State and Zip Code	
	ministrymatrix@comeast.ne		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	ise call:	
Ruthanne M Lynch		at (904	460-1212
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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

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Articles of Amendment to Articles of Incorporation of

FILED

2022 JUH -6 AM 8: 26

Ministry Matrix Inc	_SECRETARY OF SITA
(Name of Corporation as cu	urrently filed with the Florida Dept. of State
N03000008422	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute is Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the corporate	tion:
	ion," "company," or "incorporated" or the abbreviation "Corp" Co". A professional corporation name must contain the word "P.A."
Enter new principal office address, if applicable:	12146 Millford Lane N
Principal office address <u>MUST BE A STREET ADDRESS</u>	Jacksonville FL 32246
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12146 Millford Lane N
	Jacksonville FL 32246
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent	
12146 Millford Lan	an Ni
	orida street address)
New Registered Office Address: Jacksonville FL	, Florida 32246
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	
Signature of	New Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT John D	oc		
X Remove	V Mike Jo	Mike Jones		
_X Add	SV Sally S	mith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	PDTR	Dr Don Lynch	deceased	
Add				
X Remove				
2) X Change	PTSDTR	Ruthanne M Lynch	12146 Millford Lane N	
Add			Jacksonville FL 32246	
Remove 3) Change	DTR	Jared P Lynch	12146 Millford Lane N	
X Add			Jacksonville FL 32246	
Remove				
4)Change	DTR	James D Lynch	3944 English Colony Dr N	
X Add			Jacksonville FL 32257	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ry). (Be specific)	
ticle II - Address of Ministry Matrix	t Inc is 12146 Millford Lane N, Jacksonville FL 32246	
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		. <u>-</u>
		
If an amandment arouids, for an	anchana malanification or cancellation of insued shares	
If an amendment provides for an a	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:	
If an amendment provides for an oppositions for implementing the confidence of the c	amendment if not contained in the amendment itself:	
provisions for implementing the (if not applicable, indicate N/A	amendment if not contained in the amendment itself:	
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provisions for implementing the (if not applicable, indicate N/A	amendment if not contained in the amendment itself:	
provisions for implementing the	amendment if not contained in the amendment itself:	

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The date of each amendment(s) date this document was signed.	adoption: March 15, 2022	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more may be agree a moral and y	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following sta or each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by Board of Directors/I	rustees	
	(voting group)	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Ruthanne Lynch	
	(Typed or printed name of person signing)	
	President, Director, Secretary, Treasurer, Trustee	
	(Title of person signing)	