

NDS0000005806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

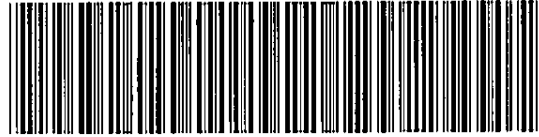
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ED
REGISTRATION
COMMERCIAL
SERVICES

10/2/25

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mascareen Cohen Intl Ministries Inc

DOCUMENT NUMBER: NO500000 5806

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mascareen Cohen

(Name of Contact Person)

Mascareen Cohen Intl Ministries Inc

(Firm/ Company)

1017 Emily Walk L East

(Address)

Jax Fla 32221

(City/ State and Zip Code)

shekinah intl @ bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mascareen Cohen

(Name of Contact Person)

at 904 7865091

(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 &
Certificate of Status | ☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | ☐ \$52.50 Filing Fee
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

Mascareen Cohen Intl Ministries Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

1105006005806
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new*
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

☒ Change	PT	John Doe
☒ Remove	V	Mike Jones
☒ Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
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- | | | | |
|---|----------|--------------------------|---|
| 1) ☐ Change
☐ Add
☒ Remove | VP | Cyelyn R. Smith-Mabley | 12739 Serengeti Circle North
Jax Fla 32225 |
| 2) ☐ Change
☐ Add
☒ Remove | Director | Idell A. Strachen | 12739 Serengeti Circle North
Jax Fla 32225 |
| 3) ☒ Change
☐ Add
☒ Remove | Director | Lisa M. Durrell Director | 10901 Burnt Mill Road
Jax, Fla 32256 |
| 4) ☐ Change
☐ Add
☒ Remove | Director | Anthony Grant | 1130 West 19th Street
Jax, Fla 32209 |
| 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)

New Board of Directors

Sabrina L Myers (VP) 7579 Ortega Bluff Parkway
Jax, Fla. 32244 Apt 1725

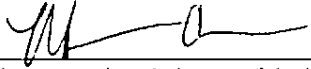
Tiajuanna Marie Jones (Directors) 4435 Touchton Rd E
Jax Fla 32246

Briana Khaila Mitchell (Directors)
4435 Touchton Rd E Apt 725
Jax, Fla 32246

☐ 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 10/2/2023

Signature 
(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)

Mascareen Cohen
(Typed or printed name of person signing)

President
(Title of person signing)

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