N05000008613

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Shekinah Inth Ministries Inc

DOCUMENT NUMBER: N05000086 13

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)

Shekinah Intl Ministries Inc
(Firm/ Company)

1017 Emily Walk Ln East
(Address)

Jax Fla 32221
(City/ State and Zip Code)

Shekinahintl@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mascareen Cohen at 904 786-5091
(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 & 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

Shekinah Inth Ministries Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000008613

(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:

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

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add	Vice President	Cyclyn R Smith-Mobley	12739 Serenade Circle North Jax Fla 32225
X Remove			
2) ___ Change ___ Add	Director	Idell A. Strachan	12739 Serenade Circle North Jax Fla 32225
X Remove			
3) ___ Change ___ Add	Director	Lisa M. Darrell	1690 Burnt Mill Rd # 308 ~~Jax. Fla. 32256~~
Y Remove			
4) ___ Change ___ Add	Director	Anthony Grant	1130 West 19th St Jax Fla 32209
X Remove			
5) ___ Change ___ Add	Director	Debra Beasley	
X Remove			
6) ___ Change ___ Add			
___ Remove			

E. If amending or adding additional Articles, enter change(s) here: New Board of Directors
(attach additional sheets, if necessary). (Be specific)

Sabrina L Myers Director 7579 Ortega Bluff Parkway
Tijuana Marie Jones Directors 4435 Touchton Rd E Apt 725 Jax Fla 32246
Briana Khaila Mitchell 4435 Touchton Rd E Apt 725
New Directors

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 10/2/2025
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/2/2025

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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