

NO5000008613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

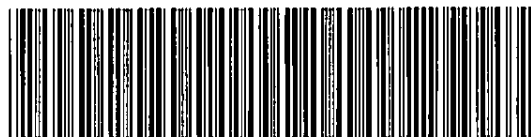
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Shekinah Int'l Ministries Inc

DOCUMENT NUMBER: NO 560000 8613

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 Int'l Ministries Inc

(Firm/ Company)

1017 Emily Walk Ln East

(Address)

34x 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

(Name of Contact Person)

at 904 786-5091

(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

ShekingL Intl Ministries Inc

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

NO 5600008613

(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:

(City)

Florida

(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	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------------|-----------------------|--|
| 1) ☐ Change
☐ Add
☒ Remove | Vice President | Cyclyn R Smith-Mobley | 12739 Serenade Circle North
Jax Fla 32225 |
| 2) ☐ Change
☐ Add
☒ Remove | Director | Idell A. Strachan | 12739 Serenade Circle North
Jax Fla 32225 |
| 3) ☐ Change
☐ Add
☒ Remove | Director | Lisa M. Darrell | 16901 Burnt Mill Rd #308
Jax, Fla. 32256 |
| 4) ☐ Change
☐ Add
☒ Remove | Director | Anthony Grant | 1130 West 19th St
Jax Fla 32209 |
| 5) ☐ Change
☐ Add
☒ Remove | Director | Debra Beasley | |
| 6) ☐ Change
☐ Add
☐ Remove | | | |

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

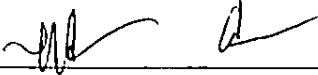
New Board of Directors

Sabrina L Myers ~~Director~~ 7579 Ortega Blvd Parkway
Tig Juanna Marie Jones Directors 4435 Touchton Rd E Apt 725 Jax Fla 322
Briana Khaila Mitchell 4435 Touchton Rd E Apt 725 Jax Fla 32246
New Directors

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

☒ 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)

FILED

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CLERK OF COURT