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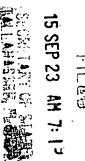
(Requestor's Name)			
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# **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sisters of Lion, Inc.
DOCUMENT NUMBER: NO SO
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
La Tina Harris (Name of Contact Person)
Sisters of Zion, Inc. (Changing to Born 2 Excel, Inc. (Firm/Company)
303 Marioco Way (Address)
Jacksonville, Fz. 32220 (City/ State and Zip Code)
Sisters of Lional mail. Com E-mail address: (16 be used for future annual report notification)
For further information concerning this matter, please call:
La'Tina Harris  (Name of Contact Person)  at 904-554-0670  (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  \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & Certificate of Status

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, Fl. 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of

Sisters of Zion, Inc	tly filed with the Florida Dept. of State)
١	ly filed with the Florida Dept, of State)
109000011878	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
Born 2 Excel Inc.	The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	1838 E. 3157 St.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Jacksonville Fr. 32206
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)	303 Marisco Way Jacksonii714, Fz. 32330
	tona Harris
1238	(Florida street address)
New Registered Office Address:	Withita street danessy
_Jac	Konville, Florida 32206 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	

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 X Remove X Add		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove		Katyana Johnson	1238 E. 315+ 5+. Jacksonville, Fr. 32200
2) Change Add Remove			
3) Change Add			
Remove 4) Change Add Remove			
5) Change Add	<del></del>		
Remove  6) Change  Add  Remove		<u> </u>	

E. If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)	
		· · ·
	<del></del>	

	e date of each amendment(s) adoption: _ e this document was signed.	911/2015	, if other than the
Eff	ective date <u>if applicable</u> :	11/2015	
	(no	more than 90 days after amendmen	! file date)
	te: If the date inserted in this block does not tument's effective date on the Department of		g requirements, this date will not be listed as the
Ad	option of Amendment(s) (C	HECK ONE)	
Ø	The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of vote	s cast for the amendment(s)
	There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The	: amendment(s) was/were
	Dated 9186	2015	
	Signature A June	a Harris	d
	have not been selected	ce chairman of the board, president of the hand fiduciary by that fiduciary)	
	Latino	(Typed or printed name of pers	on signing)
	Presid	Jert (Title of person sign	nino)