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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:TNT Ministries "Inc	n .		
N09000001942			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Re: TNT Ministries, Inc.			
-	(Name of Contact Pe	rson)	
My Business Consultants			
	(Firm/ Company)	
PO Box 15			
	(Address)	<u></u>	
Lake City, Florida 32056			
	(City/ State and Zip C	ode)	
tara.tntwilliams@gmail.com			
E-mail address: (to be used	for future annual rep	ort notificatio	11)
For further information concerning this matter, please	call:		
My Business Consultants		386	697-6075
(Name of Contact Person) at		(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations	Ame	et Address endment Secti sion of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TNT Ministries "Inc"		
Name of Corporation as currently filed with the	ne Florida Dept. of State)	
N09000001942		
(Docu	ment Number of Corporation (if ki	iown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	ne corporation:	
TNT Ministries, Inc.		27
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET).		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	·
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, red office address:	enter the name of the
Name of New Registered Agent:	My Business Consultants	
	636 SE Baya Drive	
New Registered Office Address:		rida street address)
	Lake City	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: I. I am fumiliar with and accept the second se	

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	PT John De V Mike Jo SV Sally St	<u>meş</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>CFO</u>	Terrinda Dixon	993 NW Lake Jeffrey Road
X Remove			Lake City, Fl 32055
2) Change Add	Member	Kathryn Roberson	993 Lake Jeffrey Road
Remove Change Add Remove			Lake City, Fl 32055
4) Change Add			
Remove Change Add			
Remove 6) Change Add			
E. <u>If amending or adding</u> (attach additional sheet	z additional Artic s. if necessary)	eles, enter change(s) here: (Be specific)	

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T1			
date	this document was signed.	on:	, if other than the
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
Not doct	If the date inserted in this block doment's effective date on the Departn	es not meet the applicable statutory filing requirements, this date will not beent of State's records.	e listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted was/were sufficient for approval.	1 by the members and the number of votes east for the amendment(s)	

	nbers or members entitled to vote on the ε nendment(s). The amendment(s) was/were oard of directors.
Dated Signatur	December 16, 2020 e The Millian
	(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)
	Tara Williams
	(Typed or printed name of person signing)
	President
	(Title of person signing)