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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Parents and Children	en Advance Together	Literacy Minist	tries, Inc.
N10000003114 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
Please return all correspondence concerning this mat	ter to the following:		
Christene Worley			
	(Name of Contact I	Person)	
Parents and Children Advance Together Literacy M	inistries, Inc.		
	(Firm/ Compar	ıy)	
PO Box 1641			
	(Address)		
Lutz, FL 33548			
	(City/ State and Zip	Code)	
mbruder4pcat@gmail.com			
E-mail address: (to be use	ed for future annual re	port notification	n)
For further information concerning this matter, please	e calt:		
Mary Bruder	ä	813 it	766-5835
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
■ \$35 Filing Fee		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Sect fivision of Corpo lifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Parents and Children Advance Together Literacy Ministries, Inc.

(Name of Corporation as cu	 irrently filed with the I	lorida Dept. of State)
N10000003114		· · · · · · · · · · · · · · · · · · ·
(Document S	Sumber of Corporation (f known)
Pursuant to the provisions of section 617.1006. Florida Sumendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorpore	ted" or the abbreviation "Corp," or "Inc."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR.	N/A	
Trincipal office dauress <u>most be A Street ADDR</u>	<u></u>	
		201
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	N/A	
		L2
	-	72
		<u> </u>
 If amending the registered agent and/or registered new registered agent and/or the new registered off 	office address in Florid	da, enter the name of the
	ice adgress:	
Name of New Registered Agent:		
	<u></u>	
New Registered Office Address:		(Florida street address)
		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered agent. I a	m familiar with and acce	pt the obligations of the position.
	Signature of New Rey	stered Agent, if changing

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	\underline{V} Mi	nn <u>Doe</u> ke Jones lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	PD	Diana Schwarz	PO Box 1641	
Add			Lutz. FL 33548	
Remove			4	_
2) Change	VP	Michelle Childs	PO Box 1641	
Add			Lutz, FL 33548	
X Remove				
3) X Change	VD	Trevon Williams	PO Box 1641	
Add			Lutz, FL 33548	
Remove				_
4) Change	TSD	Edward Cirieco	PO Box 1641	
X Add			Lutz, FL 33548	
Remove				
5) Change				
Add				
Remove				_
6) Change				
Add				_
Remove				

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here:	
(attach additional sheets, if necessary).	(Be specific)	
21/2		
N/A		
	·	

The date of each amendment(s) adoption:	, if other than th
ate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will locument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 Quil 27, 2019.	
Signature Drawy SChwaw	
(By the chairman'or vice chairman of the foodrd, 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)	
Diana Schwarz	
(Typed or printed name of person signing)	
President/Director	
(Title of person signing)	