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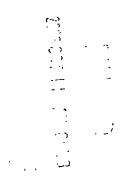
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	D COMMUNITY SERVICES INTERNATIONAL, INC.	
N10000004144 DOCUMENT NUMBER:	1	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
LINDA D. COWELS		
	(Name of Contact Person)	
BUSINESS INITIATIVES & CONSULTAN	PTS, LLC	
	(Firm/ Company)	
5727 WHISPER PINE DRIVE		
	(Address)	
LEESBURG, FLORIDA 34748		
	(City/ State and Zip Code)	
INFO@ANOINTEDCS.ORG		
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matte	r. please call:	6.5
LINDA D. COWELS	352-244-9237 at	(= 5 1 2 - 1
(Name of Contac	t Person) at (Area Code) (Daytime Teleph	none Number∑
Enclosed is a check for the following amount	made payable to the Florida Department of State:	•
■ \$35 Filing Fee □S43.75 Filing Certificate of		,
Mailing Address	Street Address	

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

## Articles of Amendment to Articles of Incorporation of

ANOINTED COMMUNITY SERVICES INTERNATIONAL, INC.

(Name of Corporation as currently filed with the Florida D N10000004144	ept. of State)	
	r of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	•	following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." o	ir "Inc."
B. Enter new principal office address, if applicable:	5727 WHISPER PINE DRIVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	LEESBURG, FLORIDA 34748	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		F-3
D. If amending the registered agent and/or registered offic		- 1
new registered agent and/or the new registered office ac	<u>ldress:</u>	PINE DRIVE ORIDA 34748
Name of New Registered Agent:		<del>- : :</del>
		· : 5
New Registered Office Address:	(Florida street address)	 ن
		_,_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered a large l		
	nature of New Registered 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 hold. 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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VICE C	CACEY MITCHELL	180 HIGHWOOD DR COVINGTON, GA 30016
Remove			
2) Change Add		LINDA D. COWELS	5727 WHISPER PINE DRIVE LEESBURG, FL 34748
x Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			-
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
	· · · · · · · · · · · · · · · · · · ·		

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	-	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Plate action discussed and the second		
Effective date if applicable:	to more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s) (	CHECK ONE)	
	arthur manchage and the number of years and for the annual control	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

Dated	SEPTEMBER 20, 2022
Dated	
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)
	ALVIN JNBAPTISTE
	(Typed or printed name of person signing)
	CHAIRMAN