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COVER LETTER

TO: Amendment Section
Division of Corporations

	Miry Clay Ministries	, Inc.			
NAME OF CORPORATION	ON:				
	N10000007358				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are sub	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Shawn Kelly O'Neill					
		(Name of Contact F	Person)		
Miry Clay Ministries, Inc.			·		
		(Firm/ Compar			
2699 W Commercial Blvd.		•	•		
		(Address)			
Fort Lauderdale, FL 33309					
-		(City/ State and Zip	Code)	· · · · · · · · · · · · · · · · · · ·	—
shawn@clcftl.org					
E	-mail address: (to be used	for future annual re	port notificati	on)	<u> </u>
For further information con-	erning this matter, please	cali:			
Shawn O'Neill			954	7315433	-
		a			; <u>.</u>
	(Name of Contact Person)	(Area Code	(Daytime Telephone Number)	(
Enclosed is a check for the f	following amount made pa	yable to the Florida	Department of	of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Cert (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	

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

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
N10000007358	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:
	The ne
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
Trincipal office address words be A STREET ADDI	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	ý <u> </u>
D. If amending the registered agent and/or registered	ad office address in Florida, enter the name of the
new registered agent and/or the new registered o	office address:
Name of New Registered Agent:	
_	
Nam Projectioned Office Address	(Florido street address)
<u>New Registered Office Address:</u>	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent: am familiar with and accept the obligations of the position.
Thereby decept the appointment as registered agent.	am jammar with that accept the obligations of the position.
	Signature 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 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 Do V Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>T</u>	Ginery Twichell	5600 NW 9th Ave Fort Lauderdale, FL 33309
2) Change	<u>T</u>	Shawn Erdek	561 Gardenia Ln. Plantation, FL 33317
Remove 3) Change Add Remove			
4) Change Add			
Remove Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional sheet	g additional Articles, if necessary).	cles, enter change(s) here: (Be specific)	

				
				
				
				
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				1.
				C
	1/5/2024			
The date of each amendment(s) adoption date this document was signed.				_, if other than the
Effective date if applicable:				
	no more than 90 days a	fter amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable nt of State's records.	e statutory filing require	ments, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopted I was/were sufficient for approval.	by the members and the	number of votes cast for	r the amendment(s)	

<u></u>	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	1/5/2024
	Dated
	Signature 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)
	Shawn Kelly O'Neill
	(Typed or printed name of person signing)
	President

(Title of person signing)