N11000003664

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ZOIL SEP 28 AND 20

Amend
TBrown 9-79-11

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: Not Ashamed	Inc.	
DOCUMENT NUM	BER: N11000003664		
The enclosed Article.	s of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		da Walsh	`
	(Name of	Contact Person)	
-		shamed Inc.	
	(Firm	n/ Company)	
) Box 208	1. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	(Address)	
		Park Fla. 34731	
	(City/ Sta	te and Zip Code)	
		edinc@ymail.com ed for future annual report notific	ation)
For further informati	on concerning this matter, pleas	•	,
James o	r Linda Walsh	at (352) 365-019	00
(Name	e of Contact Person)	(Area Code & Daytii	me Telephone Number)
Enclosed is a check f	for the following amount made p	payable to the Florida Departmen	t of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame	ing Address ndment Section	Street Address Amendment Section	
Divis	sion of Corporations	Division of Corporation	ons

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to Articles of Incorporation of	20/1 SEP 28 ALL
ot Ashamed Inc.	Pept. of State) ASSEE, FLORIS
currently filed with the Florida D	ept. of State) ASSER OF STATE
111000003661	FLORIE

(Name of Corporation as

N11000003664

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and contain Subbreviation "Corp." or "Inc." <mark>"Company" or "C</mark> a	•	_
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AL</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
	 	
D. If amending the registered agent and/or regist new registered agent and/or the new registere Name of New Registered Agent:		, enter the name of t
		, enter the name of t

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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	g or adding additional Articles, enter of ional sheets, if necessary). (Be specific the III - Nature Of Business		
The general	nature of the business to be trans-	acted by this corporation sha	all be to engage
in any activit	y of business permitted under the	laws of the United States an	d this State and
pursuant to F	Florida Statute 617, as amended, e	exclusively in such manner a	s will qualify it
as an exemp	t organization under Section 501(c)(3) of the Internal Revenue	Code and in
pursuant to f	Florida Statute 617, as amended, e	exclusively in such manner a	s will qualify it
particular No	ot Ashamed Inc is a ministry to wo	men.This includes using the	medium of
public speak	ing in churches or religious and no	n-religious organizations, it	also includes
using all or a	ny available means of technology	and the medium of writing a	rticles and/or
books. We	provide books, Bibles, literature an	d materials to women who d	lo not have the
means to ob	tain them		
Add Article I	X - DISSOLUTION		
In the event	of dissolution or liquidation of the o	corporation, all proceeds for	the sale or
liquidation of	f any assets will be transferred to a	n entity with IRS 501(c)(3) e	exempt status
of similar pu	rposes and objectives		

The date of each amendment(s) adoption: O9/21/2011 (date of adoption is required) Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) CHECK ONE 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.
Adoption of Amendment(s) (CHECK ONE) 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
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
was/were sufficient for approval. There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
the state of the s
adopted by the board of diffectors.
Signature
(Typed or printed name of person signing)
(Title of person signing)

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