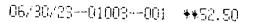
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Wakulla Springs Ch			
	N11000007174	<u>.</u>		•
DOCUMENT NUMBER:				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Deborah Fell				
		(Name of Contact P	Person)	
Wakulla Springs Christian	School, Inc.			
		(Firm/ Compan	ny)	
1391 Crawfordville Highw	ay			
		(Address)	-	
		(Address)		
Crawfordville, Florida 323	27			
		(City/ State and Zip	Code)	
dfell@wakullachristian.cor	n			
i	:-mail address: (to be used	for future annual re	port notification	n)
For further information con	cerning this matter, please	call:		
Deborah Fell		า	850 t	926-5583
	(Name of Contact Person	<u> </u>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida	Department of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing 2	Address ent Section	St A	reet Address mendment Sect	ion
	of Corporations		ivision of Corp	

P.O. Box 6327 The Centre of Tallahassee
Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of



Wakulla Springs Christian School, Inc.

(Name of Corporation as currently filed with the	e Florida Dept. of State)	
N11000007174		
(Docun	tent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
	<u> </u>	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		d" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amending the registered agent and/or registered agent and/or the new register		, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Deborah Fell	
		lorida street address)
New Registered Office Address:		,
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		t the obligations of the position.
	eral.	eh Lel
-	Signature of New Regist	tered 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:

(Aitach 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	$\frac{PT}{\underline{V}}$ \underline{SV}	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional shed		onal Articles, enter change(s) here: essary). (Be specific)	
Amend Article VII Secti	on 1, to s	tate the following: Number. The Board of Directors sl	nall be comprised, as provided by the
Bylaws, of not less than	five (5) D	Firectors nor greater than seven (7) Directors, always v	vith an odd number of members.
acting by not less than a	majority (of the Directors then in office.	
Amend Article VII Secti	on 4. Ren	nove section 4.	
Amend Article XI to stat	te the follo	owing: The Corporation designates 1391 Crawfordvil	le, Hwy., Crawfordville, Florida

32327 as the street address of the reg	gistered office of the Corporation and names Deborah Fell, the Corporation's registered
agent at that address to accept service	e of process within this State.
Amend Article XII to state the follow	ving: In the event of the dissolution of this Corporation, after all outstanding obligations
are paid, all assets shall be disposed	of by a court of competent jurisdiction of the county in which the principal office of
the corporation is then located, exclu	sively for such purposes or to such organization or organizations, as said court shall
determine, which are organized and	operated exclusively for such purposes.
	······································
	
The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)

Dated	6/29/23
Signature _	llet double a
	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)
	Deborah Fell
	(Typed or printed name of person signing)

(Title of person signing)