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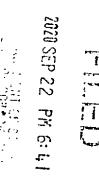
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OCT 30 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

BREAD OF LIFE WO	ORLD MISSIONS INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
TIMOTHY S FOGARTY	
	Name of Contact Person)
FOGARTY BUSINESS SOLUTIONS LLC	
	(Firm/ Company)
9230 SCEPTER AVE	
	(Address)
BROOKSVILLE, FL 34613	
. (City/ State and Zip Code)
FOGARTYBUSINESSSOLUTIONS@GMAIL.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
TIMOTHY S FOGARTY	352 346-2322
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & 1 Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
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

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Name of Corporation as currently filed with the Florida	i Dept. of State)	
N12000002512		
(Document Nun	iber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Stanamendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corporations" or "Co." may not be used in the name	ration" or "incorporated" or the	abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>s</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9230 SCEPTER AVE	EP 2
· · · · · · · · · · · · · · · · · · ·	BROOKSVILLE, FL 34613	7 2 mg - 7
		7
		- L-
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ie name of the
Name of New Registered Agent:		
кате ој њем кедметен ядет.		
	(Florida sirec	rt address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		gations of the position,
	Signature of Nove Registered Age	unt il'abanaina

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 V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
Change	<u>T</u>	SALVA	ATORE DEMENNA	9236 MARLER RD SPRING HILL, FL 34608
Remove				
2) Change Add				
Remove 3) Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add		 		
Remove				
E. If amending or addir (attach additional shee				
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The date of each amendment(s) adoption:date this document was signed.			.	····-		, if other than the
Effective date if applicable: (no more				· -		
						sa haa linaad oo aha.
Note: If the date inserted in this block does not medocument's effective date on the Department of Sta	et the applicate's records	cable statutor	y filing req	uirements, t	nis date will no	и ое usted as the
Adontion of Amendment(s) (CHEC	K ONE)					

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

was/were sufficient for approval.

Dated	9/17/2020
1781001	
Signatur	· / MICH DIEST
	(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)
	TIMOTHY S FOGARTY
	(Typed or printed name of person signing)

(Title of person signing)