N12000005645

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Blessing Others All 7	The Time, Inc. (BOA	T T)		
DOCUMENT NUMBER:	N12000005645				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matte	τ to the following:			
Sheila Brown-Jefferson					
		(Name of Contact Pe	rson)		_
Blessing Others All The Tin	ne, Inc				
		(Firm/ Company)		
544 Chancellor Drive East					
· · · · · · · · · · · · · · · · · · ·		(Address)		······································	_
Jacksonville, FL 32225					
	"	(City/ State and Zip C	Code)		_
blessingothersallthetime202	2@gmail.com				
E	-mail address: (to be used	for future annual rep	ort notification	3)	
For further information conc	erning this matter, please	call:			
Sheila Brown-Jefferson		at	9046358079		
	(Name of Contact Person)	 -	(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida D	Department of	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

FILED

Blessing Others All The Time, Inc.

2022 FEB 11 AM 9: 33

Dept. of State)	SECRETARY OF STATE
	SECRETALY OF STATE TALLAHASSEE, FL
ber of Corporation (if kno	own)
utes, this Florida Not For	Profit Corporation adopts the following
ation:	
	The new
ration" or "incorporated"	or the abbreviation "Corp." or "Inc."
<u>s</u>) _{NA}	
	112
NA	
	, 112
<u>fice address in Florida, e</u> - address:	nter the name of the
(Flor	ida street address)
(1 lor	uu sireei aauressy
	, Florida
(City)	(Zip Code)
d Agent:	
familiar with and accept th	e obligations of the position.
Signature of New Register	ad Arrant if changing
	nber of Corporation (if knows test, this Florida Not Formation: ation: ation: ation or incorporated NA NA NA NA fice address in Florida, enderess: (Florida (City)) d Agent: amiliar with and accept the

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)	Title	<u>Name</u>	<u>Addres</u> s
l) Change Add		NA	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Кетюче			
5) Change Add		-	
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
ARTICLE III CHANGES	- THE S	PECIFIC PURPOSE	
The purpose of this corpo	ration is t	o provide assistance with completing applications/pag	perwork for Social Security, SNAPS.
Driver License, DD214, a	nd any ar	oplications we are able to assist with as we are helping	those in need that are trying to get
reconnected to society and	daily liv	ring. We will also provide emergency assistance with	food, clothing, utility, rent,
school supplies, etc. for th	e homele	ss and under-served community. The nurrose is to m	sake sure as we are providing any

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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	February 1, 2022
Dated	11 0 0
Signatur	e Should Mount Helpson
~ · · · · · · · · · · · · · · · · · · ·	(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)
	oner court appointed fiducially by that fiducially
	Sheila Brown-Jefferson
	(Typed or printed name of person signing)

(Title of person signing)