N12000010434

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COVER LETTER

TO: Amendment Section Division of Corporations

Grace of Mercy Outread NAME OF CORPORATION:	ch Ministry and De	velopment, Inc	C.
N12000010434 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitt	ted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Eliot Platel			
(N	lame of Contact Pe	rson)	
Grace of Mercy Outreach Ministry and development, Inc	2.		
	(Firm/ Company))	
3501 Townsend Blvd # 244			
	(Address)		
Jacksonville, FL 32277			
(Ci	ity/ State and Zip C	Code)	
Graceofmercyministry@gmail.com			
E-mail address: (to be used for	r future annual repo	ort notification)
For further information concerning this matter, please cal	11:		
Magalic Benjamin	at	617	407-1262
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payat	ble to the Florida D	Department of S	State:
(\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	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

(Name of Corporation as currently filed with the Florida D	Dept. of State)				
N12000010434					
(Document Number	er of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following				
A. If amending name, enter the new name of the corporati	ion:				
	The new				
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."				
B. Enter new principal office address, if applicable:	3501 Townsend Blvd # 244				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Jacksonville, FL 32277				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
	7.792				
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	- · · · · · · · · · · · · · · · · · · ·				
D. If amending the registered agent and/or registered offic					
new registered agent and/or the new registered office ac					
Name of New Registered Agent:	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
	ni 9				
New Registered Office Address:	(Florida street address)				
	, Florida				
	(City) (Zip Code)				
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.				
Sig	gnature 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	VP	Magalie Benjamin	P.O. Box 6856 Holliston, MA 01746
 Remove Change Add 	VP	Rebecca Platel	10730 North Preserve Way # 305 Miramar, FL 33025
Remove 3)	SEC	Magalic Benjamin	P.O. Box 6856 Holliston, MA 01746
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attuch additional shee	ng additional Artiets, if necessary).	icles, enter change(s) here: (Be specific)	

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The date of each amendment	12/14/2	021			
date this document was signed	((s) adoption:	·-			, if other than the
date this document was signed					
Effective date if applicable:	12/14/2021				
	(no more t	han 90 days after d	amendment file da	ite)	
North Test of the State of the					
Note: If the date inserted in the	he Department of State	the applicable star	tutory filing requi	rements, this date wil	I not be listed as the
document's effective date on the	ne Department of State	s records.			
Adoption of Amendment(s)	(CHECK	CONE)			

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 mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	12/14/2021
Signature	Mary 1.
	(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)
	MAGALIE BENJAMIN
	(Typed or printed name of person signing)
	VICE-PRESIDENT
	(Title of person signing)