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TO: Amendment Section Division of Corporations

NAME OF CORPORATI		rfully Made Ministry I	nc		
DOCUMENT NUMBER:	N13000006560				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following:			
Lorna Lawson					
	··	(Name of Contact Per	rson)		
		(Firm/ Company)			
2125 NW 206th Street					
		(Address)			
Miami Gardens, FL 33056					
		(City/ State and Zip C	ode)		
fawmminc@gmail.com					
	E-mail address: (to be use	d for future annual repo	ort notification	1)	
For further information con	cerning this matter, please	e call:			
Lorna Lawson		at	786	290 - 6825	one Number).
	(Name of Contact Person		(Area Code)	(Daytime Teleph	one Number) = =
Enclosed is a check for the	following amount made p	ayable to the Florida D	epartment of	State:	رئي
■ \$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)	TALE

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

Fearless and Wonderfully Made Ministry Inc

Name of Corporation as currently filed with the	e Florida D	ept. of State)			
N13000006560		<u></u> ,			
(Досил	nent Numbe	er of Corporation	(if known)	· 	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida No</i>	ot For Profit Co.	rporation adopts t	the following
A. If amending name, enter the new name of the	e corporati	ion:			
					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorpo	rated" or the ab	breviation "Corp.	." or "Inc."
B. Enter new principal office address, if applica	ble:	7901 4th St N. S	Suite 300		
(Principal office address <u>MUST BE A STREET A</u>		St.Petersburg, Fl	33702		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	7901 4th St N.	Suite 300		
<u></u>	 -	St. Petersburg, F	1 33702		
D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:	ed office a		rida, enter the s	name of the	
Name of New Negwiered Agem.	7901 4th :	St N Suite 300			-153
<u>New Registered Office Address:</u>			(Florida street aa	ldress)	
	St Petersb	ourg		, Florida3370	2 🚎 :
		(City)		(Zip Code)	•
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered at. I am fai	Agent: miliar with and ac	cept the obligati	ions of the positio	n i A
_		David	l S	sberts	-
	Si	gnature of New R	egistered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	P	Julia Mc Kav	7901 4th St N. Suite 300 St Petersburg, FL 33702
Remove 2) × Change Add	<u>T</u>	Lorna Lawson	7901 4th St N. Suite 300 St Petersburg, FL 33702
Remove 3) × Change Add Remove	0	Miriam John	7901 4th St N. Suite 300 St. Petersburg, FL 33702
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
		onal Articles, enter change(s) here:	
(anach additional shee	eis, ij nec	essary). (Be specific)	

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The date of each amendment(s) adoption date this document was signed.	n:			if other th	an the
Effective date if applicable:	(no more than 90 day	·- ·			
Note: If the date inserted in this block document's effective date on the Department	es not meet the applic ent of State's records.	able statutory filin	g requirements, this	date will not be listed as the	he
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.

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.						
Dated 07/31/2023						
Signature (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)						
Julia Mc Kay						
(Typed or printed name of person signing)						
President						

(Title of person signing)