## 113000008189

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(Ac	idress)		
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(Ci	ty/State/Zip/Phone	e #)	
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## **COVER LETTER**

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TO: Amendment Section Division of:Corporations

NAME OF CORPORATION	Sack of Love Ministry	y Corp		
	N13000008189			
The enclosed Articles of Am		nitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Eva Arnold				
		(Name of Contact Pe	rson)	
Sack of Love Ministry Corp				
	_	(Firm/ Company	.)	
1714 Cortez Road				
		(Address)		
Jacksonville, FL 32246				
		(City/ State and Zip C	Code)	
info@sackofloveministry.or	ā.			
E	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conc	erning this matter, please o	call:		
Eva Arnold		at	904	402-3380
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florida I	Department of !	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & I Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	<u>address</u>	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Sack Of Love Ministry Corp		•••
(Name of Corporation as	currently filed with the Fl	orida Benthilstak) P 2 24
N13000008189		STORY OF YORK
(Document	t Number of Corporation (if	known) LAMACUEET LOLIDA
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the co	rporation:	
	<del></del>	The new
name must be distinguishable and contain the word "co"Company" or "Co." may not be used in the name.	orporation" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Δ)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	d	(Florida street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		pt the obligations of the position.
	Signature of New Reg	istered 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>V</u> <u>Mil</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	С	Robert Simmons	175864 Bay Road
Add			Hilliard, FL 32046
X Remove			·
2) Change	Other	Vickie Simmons	175864 Bay Road
Add			Hilliard, FL 32046
X Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)				
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	<u>-</u>				
	-,				
				. <u>.</u>	<del></del> -

	date of each ame this document was	ndment(s) adoption:s signed.	, if other than the
	ctive date <u>if appl</u>	03-28-2018	
i, iii	enve date <u>ir appr</u>	(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Adc	ption of Amendu	nent(s) ( <u>CHECK ONE</u> )	
	The amendment(s was/were sufficie	s) was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
	There are no men adopted by the be	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	3-26-2018	
	Signatur		
		(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)	
		Eva Arnold	
		(Typed or printed name of person signing)	
		CFO - Founder	
		(Title of person signing)	