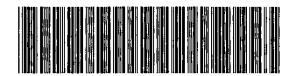
N14000007784

(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	
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Office Use Only



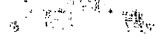
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2018 FEB 22 PH 3: 4

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TO: Amendment Section **Division of Corporations**



NAME OF CORPORATION	Faithful Fellowship E	mpowerment Center,	Incorporated	2018 FEB Z Z	PA 3: 4.
DOCUMENT NUMBER:	N14000007784		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Am	nendment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Anita Brown					
		Name of Contact Per	rson)		
Well Watered Recovery Cer	nter Inc				
		(Firm/ Company)			
11643 Jackman Cove					
		(Address)		 	
Jacksonville, FL 32218					
	(City/ State and Zip C	ode)		
abrownmpwr00@yahoo.com	m				
E	-mail address: (to be used	for future annual repo	ort notification	1)	·
For further information cond	erning this matter, please o	eall:			
Anita Brown		at	904	866-7697	
	(Name of Contact Person)		(Area Code)	(Daytime Telephon	e Number)
Enclosed is a check for the f	following amount made pay	able to the Florida D	epartment of	State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A	Addross	Stre	eet Address		

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2010 FEB 22 PH 3: 64

Faithful Fellowship Empowerment Center, Incorporated

rattiful Fellowship Empowerment Center, Incorporated		
(Name of Corporation as curren	tly filed with the Florids	Dept. of State)
N14000007784		
(Document Numb	er of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
Well Watered Recovery Center Inc		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated"	
B. Enter new principal office address, if applicable:	11643 Jackman Cove L	1
B. Enter new principal office address, If applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	Jacksonville, FL 32218	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office		at 5 tation Rd 1-15 wille 7232218 ter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
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 for		e obligations of the position
,		O7 b.a

Signature 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	-			
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article III. Purpose
This organization is established to be a beacon of light to the hurting, a place where there is a way out not just a handout,
a place of academic success, a place of personal growth, a place of lifelong wellness. In order to fulfill this purpose we
will provide mentorship in various areas, instruction in health and wellness, a counseling center, job coaching and resume
writing, provide child care services to enable single parents to look for jobs and any other services necessary to allow
disadvantaged single parents to become empowered, productive citizens.

The date of each amendment(s) :	adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be locument's effective date on the I	lock does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) avai.	
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
Dated O2/12/20 Signature	FrBancy)	
(By the ch	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)	
Anita	Brown	
	(Typed or printed name of person signing)	
Presid	ent	
	(Title of person signing)	