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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Women of Standard Empowerment Ministry Irc,			
DOCUMENT NUMBER: 11600001351			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Linda M. Pearson (Name of Contact Person)			
(Firm/ Company)			
2903 Tropic Blud (Address)			
FT Pierce FL 34946 (City/ State and Zip Code)			
1 M Dearson 9 D 9 mail. Com or Sugar Pearson & act. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
(Name of Contact Person) at 772 - 595 - 2466 (Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
□ \$35 Filing Fee S43.75 Filing Fee & -□\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) / / (Additional Copy is Enclosed)			

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

Women of Standard LM (Name of Corporation as currently filed with the Florida	Dept of State)
1111	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ntes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ition:
Linda Pearson International name must be distinguishable and contain the word "corpore" (Company" or "Co." may not be used in the name.	of Ministry Inc. The new ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	Linda m Pearson
(Principal office address <u>MUST BE A STREET ADDRESS</u>	2903 Tropic Blud
en e	Ft. pierce Fl 34946
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	the Same mailing Address
D. If any discrete and according to the control of	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
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	d Agent: amiliar with and accept the obligations of the position.
	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: XChange 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) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
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)	

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The date of each amendment(s) adoption date this document was signed.	otion:				_, if other than the
Effective date <u>if applicable</u> :					
Note: If the date inserted in this block document's effective date on the Depar	does not meet the ap timent of State's reco	plicable statutory f ords.	iling requirements, th	is date will not	he listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>				

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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 5/20/20
Signature Mya 117-1 eason
(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)
Linda m Pearson (Typed or printed name of person signing)
Tresident (Title of person signing)

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