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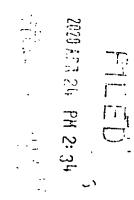
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COVER LETTER

TO: Amendment Section Division of Corporations

88 Blessings, Inc.

NAME OF CORPORATI	ION:				
	N16000004505				
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·				_
The enclosed Articles of A	mendment and fee are sub	mitted for filing.			
Please return all correspond Erica Wilson	dence concerning this matt	er to the following:			
		(Name of Contact Person	on)		_
88 Blessings, Inc.			·		
		(Firm/ Company)		_	
15804 Tisons Bluff Rd					
		(Address)			_
Jacksonville, Florida 3221	8				
		(City/ State and Zip Co	dc)		_
erica@88blessings.org					
	E-mail address: (to be used	d for future annual repor	t notification	1)	_
For further information cor	cerning this matter, please	e call:			
Erica Wilson		S	04-290-3588		
		at			
	(Name of Contact Persor	n) (A	(rea Code	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable to the Florida De	partment of	State:	
☐ \$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 is sed)	
Mailina	Addrace	Stran	t Addmone		

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

88 Blessings, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N16000004505 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the formula of the formula o amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: treet address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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: X Change X Remove X Add	<u>V</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change AddX Remove	SD	Tisha Moorer	735 Harold Ave. S. LEIGH ACRES, FI 33973
2) Change Add	D	Aniska Elliott	13804 Tisons Bluff Rd Jacksonville, Fl 32218
X Remove	Clerk	Charlette Love	1421 Creek Point Blvd Jacksonville, 14 32218
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove		nal Articles, enter change(s) here: sary). (Be specific)	
			

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The date of each amendmen	(s) adoption:	if other than th
date this document was signed	(a) adoption.	, if other train th
and and and and and are the present	04/17/2020	
Effective date if applicable:		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in the	is block does not meet the applicable statutory fi	ling requirements, this date will not be listed as the
document's effective date on t	ne Department of State's records.	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

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.			
	04/21/2020			
	DatedSignature			
	(By the chairman or ylee 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)			
	Erica Wilson			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			