## NI6000006197

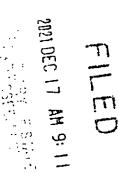
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



600378141386

12/17/21--01011--022 ++43.75



A RAMSEY JAN 0.7 2022

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATI	Journeys Companio	n, Inc.		
DOCUMENT NUMBER:	N16000006197			
		missal for filing	**=	
The enclosed Articles of Ar	menament and tee are sub	mitted for filling.		
Please return all correspond	lence concerning this matt	ter to the following:		
Laura Moa				
		(Name of Contact Pe	rson)	
Journeys Companion Inc. d	lba Lily's Warrior Project			
	- 72 400-000	(Firm/ Company	)	
8531 FORT THOMAS WA	ΛY			
		(Address)	<u> </u>	
ORLANDO, FL 32822				
		(City/ State and Zip C	Code)	
lauramoaconnect@gmail.co	om			
	E-mail address: (to be use	d for future annual rep	ort notification	n)
For further information con	cerning this matter, please	e call:		
Laura Moa		at	407	928-7372
<u>,</u>	(Name of Contact Person	<del>·· - · · · </del>	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida I	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & 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 .d.d	C4	not Addross	

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

FILED

JOURNEYS COMPANION INC.

2021 DEC 17 AM 9: 11

(Name of Corporation as currently filed with the Flo N16000006197	rida Dept. of State)	COSEE EL PARTE
	Number of Corporation (if kn	own)
(Document)	rumoer or corporation (it kn	Own,
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fol</i>	· Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must he distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS )	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<i></i>	
D. If amending the registered agent and/or registere		enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
	(Fla	rida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Registe	red 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	PT         John De           V         Mike Jo           SV         Sally S	oneş	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	D	Faith Bell	Bent Pine Court Lenoir, NC 28645
Remove			
2) Change Add			
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add	The state of the s		
Remove			- Pho-
6) Change Add	<del></del>		
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
	······································		
	· -		

		<del>==</del>	<del>* • •</del>			
		=				
	<del></del>					
					<del></del>	- ( <del>18)</del> -
		<del>.</del>	· - · · · · · · · · · · · · · · · · · ·			
					·	
		<u> </u>		_		
						······································
		<b></b>			<u></u>	<del></del>
		·-				
						<del></del>
		<del> </del>			<del></del>	
						<del> </del>
		<del></del>	<del></del>			
The date of each amendment date this document was signed				<del></del>		, if other than the
Effective date if applicable:	12/9/2021					
Enecure date <u>ii applicabie</u> .	(no mor	e than 90 days a	ıfter amendme	nt file date)		
Note: If the date inserted in the document's effective date on the	is block does not me	eet the applicabl			ents, this date v	vill not be listed as the

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.

D-4-1	12/9/2021
Dated	
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)
	Laura Moa
	Laura Moa (Typed or printed name of person signing)