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COVER LETTER

TO:	Amendment Section	
	DIAL COLLEGE	

Division of Corporations

NAME OF CORPORATION: _____

N1600008989 DOCUMENT NUMBER: __

:

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHANE NORTHROP, CPA

NORTHROP FINANCIAL GROUP, LLC

(Name of Contact Person)

(Firm/ Company)

13700 SIX MILE CYPRESS PKWY STE 2

(Address)

FORT MYERS, FL 33912

(City/ State and Zip Code)

SHANE@NORTHROPFINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANE NORTHROP, CPA

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

271-2488

239 at_

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address

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

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

FROM THE GROUND UP MINISTRIES, INC

1	<u>(ame of (</u>	<u>Corporation</u>	as currently filed	with the Florid	da Dept. of State)

N1600008989

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

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:

New Registered Office Address:

(Florida street address)

_, Florida _____ (Zip Code)

(Lap Chue

<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

(City)

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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld. 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John E</u> <u>V Mike J</u> <u>SV Sally S</u>	ones	
<u>Type_of Action</u> (Check One)	<u>_Title</u>	Name	<u>Addres</u> s
1) Change Add	TR	JAMES HAMM	106 HANCOCK BRIDGE PKWY STE D-15 #541
<u> </u>			CAPE CORAL, FL 33991
2) Change Add	TR	DAWN HAMM	106 HANCOCK BRIDGE PKWY STE D-15 #541
X Remove 3) Change X Add Remove	<u>D</u>	THEKLA DIENER	CAPE CORAL, FL 33991 106 HANCOCK BRIDGE PKWY STE D-15 #541 CAPE CORAL, FL 33991
4) Change Add	<u>D</u>	JEFF SCHUMACHER	106 HANCOCK BRIDGE PKWY STE D-15 #541
Remove			CAPE CORAL, FL 33991
5) Change Add			
Remove			
6) Change Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (attach additional sheets, if necessary). (Be specific)

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
<u>Note:</u> If the date inserted in this block document's effective date on the Depa	: does not meet the applicable statutory filing requirements, this rtwent of State's records	s date will not be listed as the
	(no more than 90 days after amendment file date)	······································
Effective date if applicable:		
The date of each amendment(s) adopt date this document was signed.	ption:	if other than the
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The amendment(s) was/were adopted by the members and the number of votes east 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.

02/20/2024 Dated e (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if it the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Signature

SHANE NORTHROP

(Typed or printed name of person signing)

СРА

(Title of person signing)

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