## 10170000002582

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SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		E MINISTRIES, INC		
DOCUMENT NUMBER:	N17000002582			
				<del></del>
The enclosed Articles of Ar	<i>mendment</i> and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this mat	ter to the following:		
Susan Wilson				
		(Name of Contact Pe	erson)	
Heart of Grace Ministries,	Inc.			
		(Firm/ Company	<u>')</u>	
227 SW 159th Way				
<del></del>		(Address)	- <del>-</del>	
Sunrise, FL 33326				
		(City/ State and Zip	Code)	
bethelangel227@bellsouth	net			
	E-mail address: (to be use	d for future annual rep	ort notification	1)
For further information con	cerning this matter, please	e call:		
Susan Wilson		at	954	531-8256
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing .	Addrage	\$1.	oot Addross	

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

FILED

Name of Corporation as currently filed with the Florida Dept. of State)

HEART-OF-GRACE-MINISTRIES,-INC.

10/700002582

SECRETARY OF STATE

(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		The ne
ame must be distinguishable and contain the wor Company" or "Co." may not be used in the nan	rd "corporation" or "incorporated" or the abbreviation "Co me.	rp." or "Inc.
Enter new principal office address, if applic	cable: 227 SW 159TH WAY	
Principal office address <u>MUST BE A STREET</u>		
Enter new mailing address, if applicable:	N/A	
(Muiling address <u>MAY BE A POST OFFICE</u>	<u></u>	
	gistered office address in Florida, enter the name of the	
If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent:	ered office address:	
new registered agent and/or the new registe  Name of New Registered Agent:	N/A  (Florida street address)	
new registered agent and/or the new registe	N/A  (Florida street address)	
new registered agent and/or the new registe  Name of New Registered Agent:	N/A  (Florida street address)	· · · · · · · · · · · · · · · · · · ·

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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add			
Remove			
2) Change Add			
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		<del> </del>	
Remove			
6) Change Add		-	
Remove			
E. If amending or addin (attach additional sheet		nal Articles, enter change(s) here: ssary). (Be specific)	
Dissolution Clause: If In	case of a	dissolution, the board members of the Heart of	of grace Ministries Inc. will decide and
disperse the remaining as	sets to a c	quivalent 501c(3) organization whose require	ements are satisfied by operations of Federal
and state law.			

	<del></del>
	<del></del>
The date of each amendment(s) adoption: 7/5/2022	
The date of each amendment(s) adoption:  date this document was signed.	_, if other than the
Effective date if applicable:	
Effective date if applicable:  (no more than 90) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	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.	

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 7/5/22 Signature SIASEN P. WILLER
(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)
Susan P. Wilson
(Typed or printed name of person signing)
CEO/President
(Title of person signing)