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## COVER LETTER

**TO:** Amendment Section Division of Corporations

	EEP BELIEVERS OUTREACH MINISTRY, INC
N17000008098 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
ROSALIND RUSSELL CALHOUN	
	(Name of Contact Person)
FEED MY SHEEP BELIEVERS OUTREACH	MINISTRY, INC
	(Firm/ Company)
621 ELLINGTON AVENUE	
	(Address)
BROOKSVILLE FL 34601	
	(City/ State and Zip Code)
feedmysheepministries5@gmail.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	please call;
ROSALIND RUSSELL CALHOUN	313 285-0813
(Name of Contact P	Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee	te & S43.75 Filing Fee & S52.50 Filing Fee  atus Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

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

FEED MY SHEEP BELIEVERS OUTREACH N	AINISTRY,	INC	2021.05	,	کنو.
Same of Corporation as currently filed with the	ne Florida I	Dept. of State)	2021 <u>957-24</u>	AH	7.
N17000008098					/-
(Docu	ment Numb	er of Corporation (if know	/n)		
ursuant to the provisions of section 617.1006, Florendment(s) to its Articles of Incorporation:			rofit Corporation adopts the	follov	ving
. If amending name, enter the new name of th	је согрогац	<u>100:</u>			
ame must be distinguishable and contain the wor Company" or "Co." may not be used in the nam	ed "corporat ie.	tion" or "incorporated" o	or the abbreviation "Corp." o	_The r or "Inc	
Enter new principal office address, if applic	<del></del>	621 ELLINGTON AVE	NUE		
Principal office address MUST BE A STREET		BROOKSVILLE FL. 34	601		
				-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	( <u>BOX</u> )	621 ELLINGTON AVE	NUE		
		BROOKSVILLE FL 346	601	-	
. If amending the registered agent and/or reg	istored offic	no address in Florida and	tar the name of the		
new registered agent and/or the new register	red office a	ddress;	ter the name of the		
Name of New Registered Agent:	ROSALIN	ND RUSSELL CALHOUR	٧		
	621 ELLI	NGTON AVENUE			
New Registered Office Address		(Florida	i street address)		
	BROOKS	VILLE	, Florida		
		(City)	, Plorida (Zip Code)		_
ew Registered Agent's Signature, if changing hereby accept the appointment as registered ager	Registered	Agent: niliar with and accept the	oplinations of the position.		
-		gnature of New Registereb	Alhoren Agent, if changing		

iAttach additional shee Please note the afficer P = President; V= Vice	Hicet and/or D Pls, if nocessary) edirector title by e President, T= ) = Chlef Finance	the first letter of the office title: Treasurer: S= Secretary: D= Director: TR= 7 val Officer. If an officer/director holds more t	er/director being removed and title, name,  "rustee: C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
Changes should be not a change, Mike Jones I Mike Jones, V as Remo	eaves the corpor	ution, Sally Smith is named the V and S. These	e PST and Mike Jones is listed as the 3'. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	$\underline{\underline{Y}}$ Mik	n Doe c Iones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add	<u>(</u>	ROSALIND RUSSELL-CALHOUN	621 ELLINGTON AVE BROOKSVILLE FL 34601
2) Change	<u>P</u>	JOHN ROY	621 ELLINGTON AVE BROOKSVILLE FL 34601
Remove 3 + Change Add Remove	<u>p</u>	LESTER WHITE, SR. (Decease)	223 GIBSON STREET LADY LAKES FL 33602
4) Change Add	CFO	Dyanne Burns	621 ELLINGTON AVE BROOKSVILLE FL 34601

621 ELLINGTON AVE HEIRS INCE, FL 34601

Brownericky fr 34621

E. If amending or adding additional Articles, enter change(s) here:

T. WILLIAM B HICKS

H BORTHA REESE

(attach additional sheets, if necessary). (Be specific)

\_\_\_\_ Remove

\_\_\_\_ Remove

\_\_\_\_ Remove

6) Change Add

5) \_\_\_\_ Change \_\_\_\_ Add

	<del></del>
	.,
The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(no more than 90 days after amendment f.	ile date)

 $\underline{\underline{Note:}}$  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

₽.	There are no member adopted by the board	is or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
	Dated	17/2021
	Signature <u>(</u>	notationing
	(B) h/ 60	the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an ignorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
		JOYCE WARING
		(Typed or printed name of person signing)
		CORRESPONDING SECRETARY
		(Title of person signing)