N18000004919

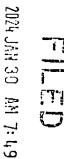
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300422735473

01/30/24--01010--005 ++35.00





COVER LETTER

TO: Amendment Section Division of Corporations

Seed Urban Ministries, Inc. NAME OF CORPORATION: _ N18000004919 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pr. Gil Contreras (Name of Contact Person) Seed Urban Ministries, Inc. (Firm/ Company) 13818 sw 152 st. Suite #399 (Address) Miami, Florida 33177 (City/ State and Zip Code) Gil@seedurbanministries.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786,728,1881 Pr. Gil Contreras (Daytime Telephone Number) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Certificate of Status

(Additional Copy is

Certified Copy

Enclosed)

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Seed Urban Ministries, Inc.

FILED

(Name of Corporation as currently filed with the Florid N180000004919	a Dept. of State)	2024 JAH 30	AH 7: 49
(Document Nu	mber of Corporation (i		STITE
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:		· · · ·	adopts the following
A. If amending name, enter the new name of the corpo			The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name		ited" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	N/A <u>SS</u>)		2010 to 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		da, enter the name of th	<u>1e</u>
N/A <u>Name of New Registered Agent:</u>			
New Registered Office Address:		(Florida street address)	
		Florid	la
	(City)	, Florid (Zip	Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	r <mark>ed Agent:</mark> I familiar with and acc	ept the obligations of the	position.
	Signature of New Res	gistered Agent, if changir	ng

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; CF() = 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add	TD	Roger Quesada	17061 sw 36 ct. Miramar, Fl. 33177
x Remove 2) Change Add	SD	Barby Quesada	17061 sw 36 ct. Miramar, Fl. 33177
x Remove 3) Change Add x Remove	D	Edy Fernandez	8887 sw 172 ave. Miami Fl. 33196
4) <u>×</u> Change Add	TD	Kristine Bover	13818 sw 152 st suite 399 Miami, Fl. 33177
Remove 5) Change X Add	SD	Ashley Contreras	13818 sw 152 st suite 399 Miami, Fl. 33177
Remove 6) Change Add		N/A	
E. If amending or addin (attach additional shee		rticles, enter change(s) here: (Be specific)	

	-	

· · ·

			- · · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
1/11/202:	3		if athor than the
The date of each amendment(s) adoption:			, it other than th
date this document was signed.			
2/28/23			
Effective date if applicable:	an 90 days after amendn	nent file date)	
(no more in	un 70 days after amenan	nem fine duice	
Note: If the date inserted in this block does not meet	the applicable statutory first records.	iling requirements, this date	will not be listed as the
document's effective date on the Department of State			
document's effective date on the Department of State' Adoption of Amendment(s) (CHECK	ONE)		

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		
Signature (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)		
Pr. Gil Contreras		
(Typed or printed name of person signing)		
President		
(Title of person signing)		