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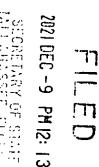
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TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	We Community Bri	dge Services.Inc.				
DOCUMENT NUMBER:	N180000005761					
The enclosed Articles of Ar		omitted for filing.				
Please return all correspond	fence concerning this mat	ter to the following:				
Jacqueline Rosado						
		(Name of Contact	Person)			_
	<u> </u>	(Firm/ Compa	my)			
2720 SW Windsong Circle	Suite 201					
		(Address)			· · · · · · · · · · · · · · · · · · ·	_
Lake City, FL						
		(City/ State and Zi	ip Code)			_
jacqueline_rsd@yahoo.con	1					
	E-mail address: (to be use	d for future annual r	report no	itification	1)	-
For further information con	cerning this matter, please	call:				
Jacqueline Rosado			716 at		374-2563	
	(Name of Contact Persor			(Code)	(Daytime Telephone Number)	-
Enclosed is a check for the	following amount made p	ayable to the Florid	a Depart	ment of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy is sed)	
Mailing /		<u>S</u>	Street A	ddress		

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, Ft. 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 DEC -9 PM 1: 25

WE COMMUNITY BRIDGE SERVICES, INC.

SECRETARY OF STATE

N18000005761				
(Docu	ment Number of	Corporation (if known)	-	
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, th	is Florida Not For Prof	it Corporation adopts the	e following
A. If amending name, enter the new name of the	e corporation:			
name must be distinguishable and contain the wor	d "cornoration"	or "incorporated" or ti	he abbraviation "Corn "	_The new
"Company" or "Co," may not be used in the nam	<u>ie</u> .	or incorporated or in	ic tumre vication (orp.	or me.
B. Enter new principal office address, if applic				
(Principal office address <u>MUST BE A STREET</u> A	ADDRESS)			
			_	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
				_
				-
D. If amending the registered agent and/or registered agent and/or the new registered	istered office ad	dress in Florida, enter	the name of the	
	red omce addre Dr. Angel D. F			
<u>Name of New Registered Agent:</u>				
	2720 SW Wind	dsong Circle Suite 201		
New Registered Office Address	:	O lorida Mr	vet address)	
	Lake City		. Florida 32025	
	(('ity)	(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agei	nt:		
I hereby accept the appointment as registered ager	u. 1 am familiai Dr. A	with and accept the obj	ligations of the position. SACO	
-	Signati	no of New Registered As	= - gent, 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 I. V Mike J. SV Sally S.	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>VP</u>	Rodney J. Agosto	5755 Dornich Dr. Auburndale, FL 33823
2) Change Add	CFO/TR	Ivan Agosto	138 Klas Ave. West Seneca, NY 14224
Remove 3) × Change Add Remove	СЕО/Р	Dr. Angel D. Rosado	2720 SW Windsong Circle Suite 20 Lake City, FL 32025
4)x Change Add	COO/VP	Jacqueline Rosado	2720 SW Windsong Circle Suite 20 Lake City, FL. 32025
Remove 5) X Change Add Remove	CMO/S	Carissa Sanchez	8876 Bellrose Ave. Jacksonville, FL 32210
6) _x Change Add	CCM	Cyd Medina	2790 SW Windsong Circle Suite 10 Lake City, FL. 32025
(attach additional she ARTICLE 1- Name and	ets, if necessary). Purpose	icles, enter change(s) here: (Be specific) WE Community Bridge Services	

<u></u>		
Section 2- AMENDMENT		
WE Community Bridge Service	ces, INC, is organized exclusively for charitable and educational purposes within the mean	ing
of Section 501 C(3) of the IRS	code of 1986.	
WE Community Bridge Servi	ces, INC, mission is to provide free meals to homeless persons and linking them to existing	
community crisis support serv	ices. We will achieve our purpose by hosting by-weekly outreach dinners at local churches	to
distribute food and provide co.	mmunity resources information to those in attendance. Our future goal is to open a Family	
Shelter and Transitional Housi	ing Center. All programs will be free and open to the public regardless of race, religion or	
creed.		
		
		
		
		 _
		
The date of each amendment(date this document was signed.	(s) adoption: December 1,2021 if or	ther than the
Effective date <u>if applicable</u> :	Dedember 1, 2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be liste e Department of State's records.	ed as the
Adoption of Amendment(s)	(<u>CHECK QNE</u>)	
☐ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

December 1, 2021

(By the 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)

Dr. Angel D. Rosado

(Typed or printed name of person signing)

Chief Executive Officer / President

(Title of person signing)