N180000 6016

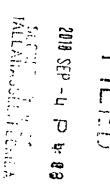
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION	SISTER'S SURVIVI	ING GLOBALLY, I	NC.		
	N18000006016				
DOCUMENT NUMBER:		 			
The enclosed Articles of Am	endment and fee are sub-	mitted for filing.			
Please return all corresponde	ence concerning this matte	er to the following:			
Katharine Stratis					
		(Name of Contact F	Person)		
		(Firm/ Compan	ıy)		
4900 Solara Circle, Unit # 3	039				
		(Address)	<u>-</u>		
Sanford, FL 32771					
	•	(City/ State and Zip	Code)	<u> </u>	
katharine1618@yahoo.com					
E	-mail address: (to be used	for future annual re	port notifica	tion)	<u> </u>
For further information conc	erning this matter, please	call:			
Katharine Stratis		а	407 t	314-9806	
	(Name of Contact Person			e) (Daytime Telepho	one Number)
Enclosed is a check for the for	ollowing amount made pa	yable to the Florida	Department	of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Ce	2.50 Filing Fee entificate of Status entified Copy dditional Copy is nclosed)	
Mailing A	ddress	<u>S</u> 1	treet Addre	<u>ss</u>	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SISTER'S SURVIVING GLOBALLY, INC.

(Name of Corporation as	currently filed with the Flor	ida Dept. of State)
N18000006016	· · · · ·	
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u></u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent:		enter the name of the
		orida street address)
New Registered Office Address:	(Pi	oriaa sireet aaaressi
	(Citv)	Florida (Zip Code)
New Registered Agent's Signature, if changing Regi	• .	, ,
hereby accept the appointment as registered agent.		the obligations of the position.
		28
	Signature of New Regist	ered Agent, if changing
	Page 1 of 4	5 5
		:: ***

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Heidi Collette	4900 Solara Circle
X Add			Unit # 3039
Remove			Sanford, FL 32771
2) Change	D	Corey Williams	4900 Solara Circle
X Add			Uint # 3039
Remove			Sanford, FL 32771
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional An attach additional sheets, if necessary).	. (Be specific)					
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The date of each amendment(s) a late this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
■ There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated June 12, 20	018	
Signature	irman or vice chairman of the board, president or other officer-if directors	
have not be	een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Katharii	ne Stratis	
	(Typed or printed name of person signing)	
Presider	મ	
	(Title of person signing)	