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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Serve LOCAL MINISTRIES INC. DOCUMENT NUMBER: N 18000010228 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mozart Haddad Sobrinho
(Name of Contact Person) Port Saint Wale FL 34983 (City/State and Zip Code) CONTACT & SCYVENCIAL KIDS. CTG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: <u> 10zart Haddad Sobrinho</u> 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 & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is

enclosed)

Mailing Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

(Additional Copy is

Enclosed)

Articles of Amendment to Articles of Incorporation

of

_ Serve Local M	linist	ries Inc	. ·	
(Name of Corporation as curre				
N18000010	228			
· (Document Num		on (if known)		
Pursuant to the provisions of section 617.1006, Florida Status amendment(s) to its Articles of Incorporation:	tes, this <i>Florida</i>	Not For Profit Corpora	tion adopts the fo	llowing
A. If amending name, enter the new name of the corpora	tion:			
Serve Local Inc	~ •		. 7	The nate
name must be distinguishable and contain the word "corpord "Company" or "Co," muy not be used in the name.	ation" or "incor	porated" or the abbrevi	ation "Corp." or	"Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>		***		
			.48	ÇÎD.
			c	110
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			•	
			-	
	-		# · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		lorida, enter the name	of the	∵ વ 6
Name of New Registered Agent:				
New Registered Office Address:		(Florida street address)		
		ı	Aorida Aorida	
	(City)	·	Aorida (Zip Code)	
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent—I am fo	amiliar with and	l accept the obligations of	of the position	
	Signature of Nev	v Registered Agent, if ch	anging	

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>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove			
2) Change Add Remove 3) Change			
Add			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
This corporation is organized exclusively for
Charitable, educational, and scientific
purposes, under section 501 (c)(3) of the
Internal Revenue Code, or the corresponding
section of any future federal tax code.
<u> </u>

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more th	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be listed as the s records.
Adoption of Amendment(s) (CHECK)	ONE)
☐ The amendment(s) was/were adopted by the mem was/were sufficient for approval.	ibers and the number of votes cast for the amendment(s)
There are no members or members entitled to vot adopted by the board of directors.	e on the amendment(s). The amendment(s) was/were
Dated 04/19/2010	<u>]</u>
have not been selected, by an	man of the board, president or other officer-if directors incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciar	rt Haddad Sobrinho
	yped or printed name of person signing)
Pres	sident CEO
	(Title of person signing)