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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GRACE OUTREA	CH MINISTRIES	INC	
N18000013020 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee				
Please return all correspondence concerning the	nis matter to the foll	lowing:		
MARK PINKNEY				
<u> </u>	(Name of C	Contact Person)		
SAVED BY GRACE OUTREACH MINIST	RIES INC			
	(Fimv	Company)		
824 CAMARGO WAY UNIT 203				
	(Ac	ddress)		
ALTAMONTE SPRINGS, FLORIDA 3271-	ŀ			SECRETARY CESTATE
	(City/ State	and Zip Code)		
SBGRACEOUTREACH@GMAIL.COM				17 P
E-mail address: (to	be used for future a	nnual report notil	ication)	min =
For further information concerning this matter	; please call:			- F-1
MARK PINKNEY		352 at	219-3403	
(Name of Contact	Person)	(Area C	ode) (Daytime Te	lephone Number)
Enclosed is a check for the following amount	made payable to the	: Florida Departm	ent of State:	
\$ 35 Filing Fee ☐\$43.75 Filing Certificate of	Status Certified	Copy nal copy is	\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Street Add	ress	

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

SAVED BY GRACE OUTREACH MINISTRIES INC

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N18000013020		
(Document !	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
N/A		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDE	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ó	2021 SE
· · · · · · · · · · · · · · · · · · ·	·	ACR JU
	<u></u>	
D. If amending the registered agent and/or registere	d office address in Florida	enter the name of the
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent:	·	
	(F	lorida street address)
New Registered Office Address:		
<u></u>		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. 13	am familiar with and accept	the obligations of the position.
	Signature of Vine Pagin	tered Agent 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: XChange X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>\$</u>	ANGELIA J. EVERETT	6407 SAGEWOOD DRIVE ORLANDO, FL 32818
Remove			
2) Change Add			S1024 JU
Remove Change Add Remove			LET PR
4) Change Add			mo: デ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
Remove 5) Change Add			
Remove 6) Change Add Remove			
		i <mark>cles, enter change(s) here</mark> : (Be specific)	

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		7
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	cus more man 20 days after amenament file date)	
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)	

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 JUNE 11, 2024
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MARK PINKNEY
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)