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(Re	questor's Name)	· · ·
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ER GOD'S GRACES N	MINISTRIES, I	NC.
DOCUMENT NUMBER:		_	
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this	matter to the following:		
JOSEPH S LANIA			
	(Name of Contact	Person)	
JOSEPH S LANIA CPA PA			
	(Firm/ Compa	ny)	
8963 STIRLING ROAD STE 101			
	(Address)	<u> </u>	
COOPER CITY, FL 33328			
-	(City/ State and Zip	Code)	
joe@laniacpa.com			
E-mail address: (to be	used for future annual re	eport notificatio	n)
For further information concerning this matter, ple	ease call:		
JOSEPH S LANIA	a	954 t	432-2299
(Name of Contact Per	rson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Florida	Department of	State:
■ \$35 Filing Fee	& S43.75 Filing Feetus Certified Copy (Additional copy enclosed)	Certif is Certif	9 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Sect ivision of Corpo he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



April 29, 2025

JOSEPH S LANIA 8963 STIRLING ROAD SUITE 101 COOPER CITY, FL 33328

SUBJECT: HEALED UNDER GOD'S GRACES MINISTRIES, INC.

Ref. Number: N19000006145

We have received your document for HEALED UNDER GOD'S GRACES MINISTRIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

> DEGE | VE | MAY 21 2025 | By_____

Letter Number: 725A00009105

Articles of Amendment to Articles of Incorporation of

FILED

HEALED UNDER GOD'S GRACES MINISTRIES, INC.

2025 HAY 21 AM 11: 26

THE TOP OF UP OF OUR CONTROL WHITE THE STATE STA	TOTALINI EL MILLI. CO
(Name of Corporation as currently filed with the Florida Dept	of State) SECOLARY
N19000006145	of State) SECTION OF STATE TALL ASSEC, FL
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the amendment(s) to its Articles of Incorporation:	is Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name.	The new or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET 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	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses.	oress in Florida, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	Florida
(0	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	it:
hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signatu	ire of New Registered 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: X Change X Remove X Add	PT John Do Y Mike Jo SV Sally Sı	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	DIR	WALSH, JEREMY	18641 SW 30 STREET MIRAMAR, FL 33029
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
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	MARC	U 10 2025			
The date of each amendment date this document was signed.	(s) adoption:			, if other ti	han the
Effective date if applicable:	MARCH 10, 2025				
antecure date ii applicante.	(no more t	han 90 days after amen	idment file date)		
Note: If the date inserted in the document's effective date on the	is block does not meet ne Department of State	the applicable statutor's records.	y filing requirements, t	this date will not be listed as	the
Adoption of Amendment(s)	(CHECK	ONE			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

		MARCH 10. 2025
-	Dated	
	Signature	William Sevel Revland
	(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)
		William Terrell Rowland (Typed or printed name of person signing)
		Board President
		(Title of person signing)