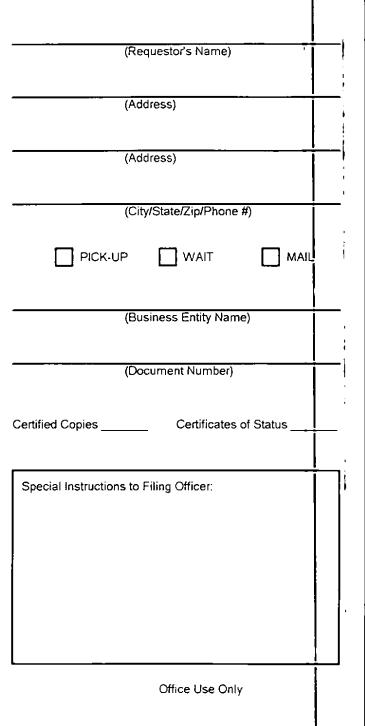
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COVER LETTER

TO: Amendment Section

Division of Corporations	
 Girls in Christ, Inco 	rporated
NAME OF CORPORATION:	
N/A	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Janelle B. Floyd	
	(Name of Contact Person)
Girls in Christ, Inc.	
	(Firm/ Company)
5169 Chardonnay Dr	t
	(Address)
Coral Springs, FL	ł
	(City/ State and Zip Code)
Girlsinchristbroward@gmail.com	;
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Janelle B. Floyd	954 9137228
	at
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status 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, FL 32301

Articles of Amendment to Articles of Incorporation of

GIRLS	IN	CHRIST	INCORP	ORATED

GIRLS IN CHRIST INCORPORATED	i		
(Name of Corporation	as curren	tly filed with the Florida	Dept. of State)
N/A		.	
(Docum	ent Numb	er of Corporation (if know	/n)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statute	es, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	ion:	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorporated" o	
B. Enter new principal office address, if applicat		· ·	Hollywood, FL 33020
(Principal office address <u>MUST BE A STREET AL</u>	<u>ODRESS</u>)		
	1 !		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)	P.O Box 223494 Hollyw	rood, FL 330 22
	T		
	1		
	,		
D. 16	Lawren ad Ga	dd Clauida an	touthe name of the
D. If amending the registered agent and/or regist new registered agent and/or the new registere			er the name of the
new regimered agent and/or the new registere		<u> </u>	
Name of New Registered Agent:	<u>'</u>		
;	- 	(Floria	a street address)
New Registered Office Address:	1	1	22020
	Hollywoo	XI	33020 . Florida
•	1	(City)	(Zip Code)
		•	
New Registered Agent's Signature, if changing Religion I hereby accept the appointment as registered agent.			ublications of the model as
і петепу ассері іне арроінітет аз гедізіегей адені.	. i i am jai	тиаг wun ana ассеря те	bongations of the position.
	•		
		· · · · · · · · · · · · · · · · · · ·	
	Si	ignature of New Registere	d Agent, if changing
] ' '	Page 1 of 4	
	Ī		

P = President; V= Vic Executive Officer; CF held. President, Treas	O = Chief Finan	cial Officer. If <mark>an</mark> officer/director ho	tor; TR= Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office
	leaves the corpor	ration, Sally Smith is named the V ar	listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
Example: X.Change X.Remove X.Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones Iv Smith	
Type of Action (Check One)	Title	Name ;	<u>Addres</u> s
1) Change Add	s	Ericka Bryant	920 Tierney RD fort worth TX 76112
X Remove	S	Kendall Stills	486 Lynn Valley Way, State: Manustana, GA, W+867
2) Change Add		Tendar (7th)	
Remove 3) Change	s	Genesis Montilla	3400 Lumbark Med apr 2014 North Louiseada 50, North
Add X Remove			
4) Change			
Remove 5) Change			
Add			
6) Change			
Add Remove			

Page 2 of 4

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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
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The date of each amend	lment(s) adoption:		ner than the
late this document was s	igned.		
Effective date <u>if applica</u>	ıble:	1	_
	(no more th	an 90 days after amendment file date)	
	d in this block does not meet the on the Department of State's	he applicable statutory filing requirements, this date will not be listed records.	d as the
Adoption of Amendmer	nt(s) (CHECK C	ONE)	
The amendment(s) was/were sufficient	• •	bers and the number of votes cast for the amendment(s)	
There are no member adopted by the boar		on the amendment(s). The amendment(s) was/were	
ı	08/24/2020		
Dated _			
Signature _	Canelle	Polery	
		nan of the board, president or other officer-if directors	
	nave not been/selected, by an i other court appointed fiduciary	ncorporator – if in the hands of a receiver, trustee, or by that fiduciary)	
	Janelle B. Floyd	;	
	(Tv	ped or printed name of person signing)	
	(,,	ped of princed name of person signing,	
	Chief Executive Officer		
		(Title of person signing)	