## N190000 12516

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	GOD'S GRACE	AND MERCY FELLOWH	SIP INC
DOCUMENT NUMBER:	N190000125		
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
S	TEPHEN JAMES		
	-	Name of Contact Persor	1
GOD'S GE	RACE AND MERO	CY FELLOWSHIP INC	
		Firm/ Company	···
6100 JOH	NSON ST	•	
		Address	
HOLLYW	OOD, FLORIDA .	33024	
		City/ State and Zip Code	2
godsgrace	andmercyfellowshi	pl@gmail.com	
	<del>-</del>	sed for future annual report	notification)
For further information concernit	ng this matter, plea		303-0441
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
_	3.75 Filing Fee & tifficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment So Division of Co P.O. Box 6327	ection rporations	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee
Tallahassee, Fl	_ 52514	2415 î	N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## GOD'S GRACE AND MERCY FELLOWHSIP INC

Name of Corporation as currently filed with the Florid	la Dept. of State)	
N19000012516		
(Document Nu	mber of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
GOD'S GRACE AND MERO		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE.</u>	<u>SS</u> )	
		193
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		23
		至;
D. If amending the registered agent and/or registered of	office address in Florida, er	iter the name of the
new registered agent and/or the new registered office		NOT THE HABIR OF THE
Name of New Registered Agent:		
New Registered Office Address:	(Flori	da street address)
		22. 11
·	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept th	e obligations of the position.
	Signature of New Registere	ed 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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
!) Change Add			
Remove			-
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add		·	
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			<del></del>
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	

<del></del>	
	-
	<del></del>
	<del></del>
	. <u></u>
The date of each amendment(s) adoption: 03/19/2020	20.00
The date of each amendment(s) adoption:	, it other than th
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file dat	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requir	ements, this date will not be listed as the
document's effective date on the Department of State's records.	

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

(CHECK ONE)

Adoption of Amendment(s)

D	03/19/2020 ted
·	That I see the second of the s
511	(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)
	STEPHEN JAMES
	(Typed or printed name of person signing)
	President

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