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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Emm am	nels V	Vonde	Val	Blessing -	ENC.
DOCUMENT NUMBER: N20000					
The enclosed Articles of Amendment and fee are subr	mitted for filing				
Please return all correspondence concerning this matter	er to the followi	ng:			
K	(Name of Cont	Dix_	.		
	/				
<u>Emmonanue/</u>	s Wan	derly	[/ B	lessing IN	c
	(Firm/ Cor	npany)			
1129 SE V;	0/e+	Place	e		
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	(City/ State and	Fl	320	125	
,	(City/ State and	Zip Code)		· ···	
E-mail address: (vo be used	A Tor future annu	1), No	tification)		
/		F			
For further information concerning this matter, please	call:				
KAShy Dix		_ at _ 3(36-	287-973 Daytime Telephone N	,
(Name of Contact Person))	(Area	Code) (Daytime Telephone N	umber)
Enclosed is a check for the following amount made pa	yable to the Flo	orida Depart	ment of St	ate:	
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional c enclosed)	рy	Certified	te of Status Copy nal Copy is	
Mailing Address		Street Ac	<u>idress</u>		

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

•	***************************************
211	ED

(Name of Corporation as currently filed with the Florida Dept. of-State)
Emman ue s ixlondertul Bleesing #1998
N2 00000 172 (Document Number of Corporation (if known) The STATE
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
B. Enter new principal office address, if applicable: 50me
(Principal office address MUST BE A STREET ADDRESS) 1129 SE Viule + Place 1440 City Fl 32425
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1295. E. Vio let Place Lake City
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent:
(Florida street address)
New Registered Office Address:
, Florida,
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent if changing

and address of each Of (Attach additional sheet Please note the officer/of P = President; V = Vice	fficer and/or D s, if necessary) director title by President; T= = Chief Financ	irector being ad the first letter of t Treasurer; S= Se cial Officer. If an	ded: the office title: cretary; D= Director; TR= Tr	r/director being removed and title, name, ustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office
	aves the corpor	ation, Sally Smiti	h is named the \emph{V} and $\emph{S}.$ These .	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doc</u> ke Jones ly Smith	SAME	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove				
2) Change Add				
Remove 3) Change Add				

3)	Remove Change Add Remove				
4)	Change Add				
	Remove				
5)	Change Add				
	Remove				
6)	Change Add		 _		
	Remove				
E.	If amending or addin (attach additional shee	g additional Art	cicles, enter change(s) h (Be specific)	ere:	
	NAME	Ch	Ange	on K	I Want
	the	SAM e	ETN.	# 84-	48/1822
	Enclo	So I	RS /e//	ER.	
		J			
	<u> </u>				

Please Ma to IRS for	of Change to Submi	/
Thank you		
The date of each amendment(s) adoption date this document was signed.	n:	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the b	oard of directors.
Dated	1/23/-23
Signatur	
	(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)
	KAHU DIX
	(Typed or printed name of person signing)
	Disochos
	(Title of person signing)