## N200003573

	(Requestor's Name)	
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	(City/State/Zip/Phone #)	<u>,</u>
P!CK-UP	MAIT WAIT	MAIL
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	(Business Entity Name)	
1	(Document Number)	
Certified Copies	_ Certificates of S	Status
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SISTERS Me	ntoring Sisters
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stephanie Tolbert (Name of Contact	Domes
Sisters Mentoring 3,	sters
	• '
514 Rustling Pines (Address)	Blvd
(Address)	
Midway, Florida	32343
(City/ State and Zi	p Code)
Stephane F-mail address: (to be used for future annual i	enort notification)
is-man address, (to be used for futing annual i	eport notification)
For further information concerning this matter, please call:	
Stephanie Talbeat (Name of Contact Person)	an (850) 322-5688
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florid	a Department of State:
	•
S35 Filing Fee 43.75 Filing Fee & S43.75 Filing Fee Certificate of Status Certified Copy	· ·
Certificate of Status Certified Copy (Additional copy	Certificate of Status  vis Certified Copy
enclosed)	(Additional Copy is
	Enclosed)
Mailing Address S	Street Address
	Amendment Section
Division of Corporations I	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

to

Articles	of	Incor	poration

Sisters Mentoring Sisters CorDo	rat
Name of Corporation as currently filed with the Florida Dept. of State)	<del></del>
N200000 3573	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:	following
	Th
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp."  *Company" or "Co." may not be used in the name.	_The new 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)	
	-
). 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: Stephanic Obert	_
THE	
(Florida street address)	<del></del>
New Registered Office Address:	
Midway Florida 32. (City) (Zip Code)	343
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familial with and accept the obligations of the position.	
Show duo	<b>-</b>
Signature of New Registered Agent, if changing	2022 S
	~
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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 J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	Assoc Dr	Cheelsen Mack	2204 Eastgate Tollabasia, Fl 32308
Remove  2) Change Add	AD -	Tara Hayes	79 Black foot Rd Crawfordrille, Fl
Remove 3) Remove Add Remove		·	32327
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove		<del> </del>	
		icles, enter change(s) here: (Be specific)	
		<del></del>	

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7772		
		<del></del>
The date of each amondment(s) ad		20.4
date this document was signed.	option:	, if other than the
vate this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	ck does not meet the applicable statutory filing requirements, this da	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendm	nent(s)

Dated	9/23/2022
Signatur	is the second of
	(B) 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)
	)
	Stenhanie Tolhart
	(Typed or printed name of person signing)
	Executive threator
	(Title of person signing)