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(12/15/2022

COVER LETTER

TO: Amendment Section Division of Corporations

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The Bridge Outreach Ministry NAME OF CORPORATION:	Inc
N20000004037 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for f	filing.
Please return all correspondence concerning this matter to the fo	llowing:
Charisse Washington	
(Name of	Contact Person)
(Firm	V Company)
1931 E 137th Ave apt 102	
(A	Address)
Tampa, FL	
(City/ Stat	te and Zip Code)
charissew99@gmail.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Charisse Washington	813-293-7337
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Sas Filing Fee Sas Filing Fee & Certificate of Status Certifie (Addition enclose)	Filing Fee & S52.50 Filing Fee d Copy Certificate of Status consis Certified Copy
This	(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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

The Bridge Outreach Ministry Inc		Size Bas 💕
Name of Corporation as currently filed with the Florida I	Dept. of State)	2022 SEP 15 AM 8:
N20000004037		SEDRAL
(Document Numb	er of Corporation (if known)	SECRETATION STA TALLAHASSEE.FL
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Co</i>	
A. If amending name, enter the new name of the corporat	ion:	
The Bridge Women's Ministry Inc		The new
name must be distinguishable and contain the word "corporal" "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the ab	
B. Enter new principal office address, if applicable:	1931 E 137th Ave apt 102	
(Principal office address MUST BE A STREET ADDRESS	Tampa, FL 33613	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		name of the
Name of New Registered Agent:		
	(Florida street o	ddressi
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligat	ions of the position.
	ignature of New Registered Agent	if changing
J.	дишин с ој иен медыка си идет.	· 1/ ··································

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	<u>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add		<u> </u>	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	i <mark>g additio</mark> ts, if neces	nal Articles, enter change(s) here: ssary). (Be specific)	
			

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10-17-				

	09/02/2022			
The date of each amendment(date this document was signed.	s) adoption:			, if other than the
Effective date if applicable:	09/02/2022	 		
		days after amendment		20 - A 1 - C A - C - C
Note: If the date inserted in thi document's effective date on the	s block does not meet the app e Department of State's recor	dicable statutory filing ds.	g requirements, this date w	rill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for ap	ere adopted by the members a proval.	nd the number of vote	es cast for the amendment(s)

	Dated	09/02/2022
-	Signature	Marion Wo
		(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)
		Charisse Washington
		Charisse Washington