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TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Mission Mustard Seed, Inc. NAME OF CORPORATION: N20000005267 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Aaron F. Velasquez (Name of Contact Person) Mission Mustard Seed, Inc. (Firm/ Company) 2719 Hollywood Blvd (Address) Hollywood Florida 33020 (City/ State and Zip Code) missionmustardseed@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aaron F. Velasquez 786-378-3565 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: **■ \$35** Filing Fee **■ \$43.75** Filing Fee & **■ \$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status **Certified Copy** (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Mission Mustard Seed, Inc.

(Name of Corporation as currently filed with the Flo	orida Dept. of Sta			
N20000005267				
(Document	Number of Corpo	ration (if know	/n)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Flor</i>	ida Not For P	rofit Corporation 8	dopts the following
A. If amending name, enter the new name of the con	rporation:			
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "in	corporated" o	or the abbreviation	The new "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>			
				· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address i	n Florida, ent	ter the name of the	F0
Name of New Registered Agent:	-		·	
New Registered Office Address:		(Florida	a street address)	
		<u>. </u>	, Florida	
Name Designation of the control of t	(City)		(Zip C	Code)
New Registered Agent's Signature, if changing Registered agent. It hereby accept the appointment as registered agent.	stered Agent: am familiar with a	and accept the	obligations of the p	osition.
 -	Signature of N	lew Registered	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 Jo SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change _x Add	<u>Coo</u>	Christopher Haskel	2 Isla Bahia Terrace Fort Lauderdale, Fl 33316
Кеточе			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional she	ets, if necessary).	ticles, enter change(s) here: (Be specific) oo, 2 Isla Terrace, Fort Lauderdale, Fl 33316	
		veriably a ver additional fit 33310	
			-

e date of each amendment(s) adoption: this document was signed.	if other than t

ocument's effective date on the Department of State's records.

doption of Amendment(s)

(CHECK ONE)

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

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
	Signature (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)			
	Aaron F. Velasquez			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			