N20 000006216

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Division of C	Corporations			
SUBJECT: Ma	Re Your Bed	Early Minus	try Inc.	
ī, vi	ime of raorida Limited Parti	acrsmp or kinned Liabinis	y Limited Partnership	
The enclosed Certificate of Amendment and fee(s) are submitted for filing.				
	respondence concerning	_		
Kerneth R	Sigles G. Conject Person Bed Early P Firm/Company Fancy Lancy Rd			
make your	Bed Early 1	Vinistry Ic		
5540 n g	tanchill Rd	#75		
West Palm Beach, Ila 33407 City, State and Zip Code				
	obe used for future annual re			
	ion concerning this mat	tter, please call:		
Konroth R Dig	2en Gr.	at (56() 6) Area Code and Days	67-6259	
Name of Coma	ct Person	Area Code and Dayi	ime Telephone Number	
Enclosed is a check	for the following amou	nt:		
☐ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



August 18, 2021

KENNETH R SIGLER J 5540 N HAVERHILL RD #75 WEST PALM BEACH, FL 33407

SUBJECT: MAKE YOUR BED EARLY MINISTRY, INC.

Ref. Number: N20000006216

We have received your document for MAKE YOUR BED EARLY MINISTRY, INC. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00019810

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

Division of Corporations NAME OF CORPORATION: Make Your Bed Early Ministry DOCUMENT NUMBER: N200000 6216 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: R Sigler Jr. (Name of Contact Person) (Firm/ Company) (City/ State and Zip Code) k. Com
be used for future annual report notification) For further information concerning this matter, please call: heira H Sigler
(Name of Contact Person) at 56(-667-6350 (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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Incorporation

of ,
Make Your Bed Early Ministry Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N20000006716
(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 following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc.' "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
(Principal office dauress SIOST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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: N/A
(Florida street address)
Now Registered Office Address
City) (City), 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.
N/A
Signature of New 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.

Type of Action (Check One) 1) Change Add Add X Remove 2) Change X Add Remove 3) Change Add Remove 4) Change Add Change Add Change Add Remove 4) Change	
Change Add	
2) Change S Tara Brown - Davis 1700 45th St. #17 X Add	
3) Change	
4) Change	<u>07</u>
Add	
Remove	
6) Change	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	

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The date of each amendment(s) adoption: M/A , if other than to date this document was signed. Effective date if applicable: 8/24/2021 (no more than 90 days after amendment file date)	he
Effective date if applicable: 8/94/3.02/ (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
Adoption 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.
Dated 8/24/2021
Signature Konneth R Siglon Jr.
(By the chairman or vice chairman of the boald, 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)
Kenneth R Sigler Jr.
(Typed or printed name of person signing)
President
(Title of person signing)