N20 000006489

(Re	equestor's Name)	
(Ad	idress)	
(Ad	Idress)	· · · · ·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bı	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
		
<u> </u>		
Special Instructions to	Filing Officer:	
		Į.
		f
		1
<u> </u>		

Office Use Only



300352062313

09/17/20--01010--018 **52.50

2020 SEP 17 PH 6: 21

OCT 2 6 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations	
Vinns	Journhouse (1) weithing
NAME OF CORPORATION:	Daugniers Consuming
DOCUMENT NUMBER: N 2000000	<u> 6489</u>
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Sustine_ Al	- Amer
(Name	of Contact Person)
King's Day	ighter Consulting Inc.
) A (Fi	rm/ Sompany)
212 Americ	rana ot
	(Address)
lallahasse	+L 32305
(City)	State and Zip Code)
Clustice Xpert @ (ure annual report notification)
`	are annual report not meaning,
For further information concerning this matter, please call:	0 0 0 0700
Justice HI-HIMA	cen at 904.803.3788
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Department of State:
	75 Filing Fee & \$\$52.50 Filing Fee
	fied Copy Certificate of Status Litional copy is Certified Copy
	osed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	The Centre of Tallahassee

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation currently filed with the F (Document Number of Corporation (if known) 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: 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 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: New Registered Office Address: 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. of New Registered Agent,

and address of each Of (Attach additional sheet; Please note the officer/d P = President; V= Vice	ficer and/or Direct s, if necessary) irector title by the President; T= Trect = Chief Financial	first letter of the office title: asurer; S= Secretary; D= Director; TR= Trus Officer. If an officer/director holds more that	stee; C = Chairman or Clerk; CEO = Chief
	aves the corporation	nanner. Currently John Doe is listed as the P on, Sally Smith is named the V and S. These sh 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>	<u>Name</u>	<u>Addres</u> s
1) Add	<u>PTD</u>	Lynn Sheffield	212 American st.
2) X Change Add	DC	Alaysia Z. Taylor-She	Midd 212 Americanast Tallanassee IFL 32305
Remove Change Add	5	Sahara C. Koloinsin	Jalosta GA 311002
Remove 4) Change Add	S	Justice Q. Al-Ame	n 212 Americanast.
Remove 5) Change			
Add Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		<u>icles, enter change(s) here</u> : (Be specific)	
Artich	2 111		
The spe is orga	cific pi	s.	his corporation
	J		

Mission 3 Purpose: To serve Food and Shetter

to our Community directly to our youth, their families, and specifically Serving the Elderly and Identified Disabled to Aid in the improvement and overall
their families, and specifically Gerving
the Elderly and Identified Disabled to
Aid in the improvement and overall
Quality of Life, Physically, Financially,
and Spiritually.
Said Organization is organized exclusively for charitable,
religious educational and enjertific purares including
The Alinh Durages. The making of distributions to accompation
religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations described
under Bertion 501(C)(3) (a) the Internal Revenue
Code or corresponding section of any duture lederal
tox core
Then the discillation of the arministra reset shill
be distributed for one or more exposed a consisting
the province of lecture 501(0)(3) of the Internal Powers Code
or manifest antino of one of the ladar 1 tox and
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Jection 501(1)(3) of the Internal Revenue Code, or consponding section of any duture federal tax code, or shall be distributed to the federal government,
or to a state or local government, for a public purpose
or to a state or rocar giver within, 401 a parons porters
The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)

<u>Note:</u> 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.

e are no members or members entitled to vote on the amendment(s). The amendment(s) was/were ted by the board of directors.
Dated 41112000
Signature . Share
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by any incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Lynn Sheffield
(Typed or printed name of person signing)
President