

N20 0000008741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

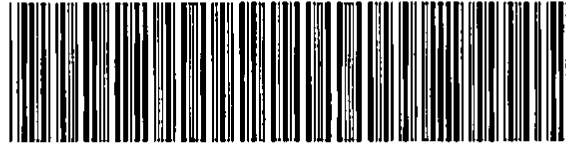
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Amendment Section  
Division of Corporations

NAME OF CORPORATION: BLESSED TRINITY BROTHERS KEEPER, INC

DOCUMENT NUMBER: 120000008741

enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON HALSTEAD

(Name of Contact Person)

BLESSED TRINITY

(Firm/ Company)

5 SE 17TH ST, Ocala FL 34471

(Address)

OCALA FL 34471

(City/ State and Zip Code)

JASON@BKOCALA.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON HALSTEAD

(Name of Contact Person)

at

352-229-0035

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

BLESSED TRINITY BROTHERS KEEPER, INC

name of Corporation as currently filed with the Florida Dept. of State)

N20000008741

(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:

If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." or "company" or "Co." may not be used in the name.

Enter new principal office address, if applicable:

N/A

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

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:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(Zip Code)

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

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Use the first letter of 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 title. 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:

Change	PT	John Doe
Remove	V	Mike Jones
Add	SV	Sally Smith

Action	Title	Name	Address
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<input type="checkbox"/> Change	CEO	PATRICK SHEEDY	5 SE 17TH ST
<input checked="" type="checkbox"/> Add			OKALA, FL 34471

<input type="checkbox"/> Remove			
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<input type="checkbox"/> Change	C	TIM DEAN	5 SE 17TH ST
<input checked="" type="checkbox"/> Add			OKALA, FL 34471

<input type="checkbox"/> Remove			
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<input type="checkbox"/> Change	PD	JASON HALSREAD	5 SE 17TH ST
<input checked="" type="checkbox"/> Add			OKALA, FL 34471

<input type="checkbox"/> Remove			
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<input type="checkbox"/> Change			
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<input type="checkbox"/> Add			
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<input type="checkbox"/> Remove			
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<input type="checkbox"/> Change			
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<input type="checkbox"/> Add			
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<input type="checkbox"/> Remove			
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<input type="checkbox"/> Change			
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<input type="checkbox"/> Add			
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<input type="checkbox"/> Remove			
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Amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Lined area for text entry.

The date of each amendment(s) adoption: 8/1/20, if other than the date this document was signed.

Effective date if applicable: 8/1/20  
*(no more than 90 days after amendment file date)*

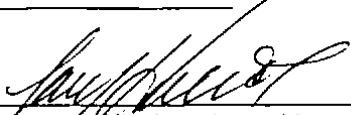
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 9/17/20

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)

JASON HALSREAD  
(Typed or printed name of person signing)

EXECUTIVE DIRECTOR  
(Title of person signing)