## N20 000009248

(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:

Office Use Only



500359582435

MAR 2 9 2021 S. YOUNG



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

HEART OF NAME OF CORPORATION:	MERCY INTERNATIONAL CORP
N20000009248	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
	EMILIE FRANCIS
	(Name of Contact Person)
	(Firm/ Company)
	(Address)
	(City/ State and Zip Code)
	glorias1838@gmail.com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	r. please call:
GLORIA AKINS	786 525 7669
(Name of Contac	t Person) at (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 Certificate of	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

## HEART OF MERCY INTERNATIONAL

	<del></del>		
nent Numb	er of Corporation (if known)		
orida Statut	es, this Florida Not For Profit	Corporation adopts the	e following
			The new
d "corpora e.	tion" or "incorporated" or the	abbreviation "Corp."	
ıble:	NA		
	)		
		<del>.</del>	_
B.O.O.	NA		
<u>BUX</u> )			202
			- <u>:</u>
			נים נים
stered offi	ce address in Florida, enter t	he name of the .	င်ာ
		g 12	
NA		_	<u></u>
NA			<u>(၁</u>
	(Florida stree	et address)	
NA ————		, Florida	
	(City)	(Zip Code)	
Registered it. Lam fa	Agent: miliar with and accept the oblig	gations of the position.	
Si	anature of New Registered Age	ent if changing	<del> </del>
	N20000 ment Numb orida Statuto e corporat OUTREACI d "corporat e.  able: IDDRESS  BOX)  stered office a NA NA NA NA NA Registered off. I am fait	e corporation: DUTREACH & GROUP HOME INC.  d "corporation" or "incorporated" or the e.  NA  BOX  NA  Stered office address in Florida, enter the ed office address:  NA  NA  (Florida street  NA  (City)  Registered Agent:  It. I am familiar with and accept the obligation in the content of the	nent Number of Corporation (if known)  prida Statutes, this Florida Not For Profit Corporation adopts the ecorporation:  DUTREACH & GROUP HOME INC.  If "corporation" or "incorporated" or the abbreviation "Corp."  E.  NA  IDDRESS  NA  NA  (Florida street address)  NA  NA  (Florida street address)  NA  NA  (Florida street address)  NA  NA  (Florida

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	NA	- · · · · · · · · · · · · · · · · · · ·	
Remove			
2) Change Add	NA	<u> </u>	
Remove 3) Change Add Remove	NA		
4) Change Add	NA		
Remove			
5) Change Add	<u>NA</u>		
Remove			
6) Change Add	NA		
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
THE SPECIFIC PURPOS	SE FOR	WHICH THIS CORPORATION IS ORGANIZED IS	TO HELP TRANSFORM
THE LIVES OF THE NE	EDY TH	E COMMUNITIES WITHOUT DISCRIMINATION.	PHSICALLY AND
ECONOMICALLY, SOC	HALLY.	SPIRITUALLY AND MENTALLY THE PURPOSE	OF THE CORPORATION
ARE EXCLUSIVELY	CHARIT	TABLE, EDUCATIONAL AND RELIGIOUS WITH	N THE MEANING OF SECTON
WITH IN THE MEANIN	IG OF SE	ECTON 501C3 OF THE INTERNAL REVENUE COL	DE 1986

AMENDED, OR IN THE COR	RESPONDING PROVISION	OF ANY TAX	LAW OF SECTIO	ON ANY FUTURE	
FEDERAL TAX LAW SECT	ION 501C3.THE CORPORAT	TION SHALL I	AVE THE SAME	POWER AS AN INI	DIVIDU
TO DO ALL THINGS NECES	SARY OR CONVENIENT TO	O THE PURPO	SES ACCORDING	TO GUIDLINES O	F
501C3 STANDARDS, AS SE	T FORTH IN THE ARTICLE	OF INCORPO	RATION.		<u> </u>
			<u> </u>		<del></del>
		<u> </u>			<del></del>
				- · · · · · · · · · · · · · · · · · · ·	
		_			
			-	<del>-</del>	
		<u> </u>	<u> </u>	····	
		<del>-</del>			
			<u> </u>		<del></del>
The date of each amendment					, if other than the
date this document was signed.	12/30/2020				
Effective date if applicable:	(no more than 90 d	lays after amend	lment file date)	<u> </u>	<del></del>
Note: If the date inserted in the document's effective date on the	is block does not meet the applied Department of State's record	licable statutory is.	filing requirements	s, this date will not be	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )				
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members ar proval.	nd the number o	of votes cast for the	amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
12/30/2020 Dated
Signature Francis  (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)
EMILIE FRANCIS
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)