N20000012633

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	y Services, Inc.		·
N20000012633 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Tifini Austin			
	(Name of Contact Person	n)	1.6
Fertile Ground Family Services, Inc.			
	(Firm/ Company)		
6130 Trailwood Court			
<u> </u>	(Address)		<u>-</u>
Tallahassee/ Florida 32311			
	(City/ State and Zip Cod	e)	
fertilegroundmidwifery@gmail.com			
E-mail address: (to be used	for future annual report	notification	n)
For further information concerning this matter, please	call:		
Tifini Austin	85 at	0	296-7086
(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

FILED

Fertile Ground Family Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N20000012633 (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: (Florida street address) New Registered Office Address: , 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.

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:
(44-1-1741-1-1-4-16

(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 I V Mike SV Sally		
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) × Change Add	<u>D</u>	Amandla Havnes	808 Goodbread Lane Tallahassee, Florida 32303
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
	ng additional Ar	rticles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	t(s) adoption: _	06/11/2022 			n	_, if other than the
Effective date if applicable:	06/11/2022					
Effective date it apprecion.	(no	more than 90 day.	s after amendme	ent file date)		
Note: If the date inserted in the document's effective date on t			able statutory fil	ling requirements	, this date will not l	be listed as the
Adoption of Amendment(s)	(<u>(</u>	CHECK ONE)				
☐ The amendment(s) was/w was/were sufficient for a		the members and	the number of v	otes cast for the a	mendment(s)	

` , 	There are no mem adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.		
	Dated	June 11, 2022		
	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)		
	Tifini D. Austin			
		(Typed or printed name of person signing)		
		Executive Director		
		(Title of person signing)		