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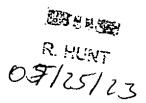
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COVER LETTER

Division of Corporations			*	
NAME OF CORPORATION: _	Life	Minis	tries	Valdosta,
DOCUMENT NUMBER:	N 210	00001	+23	
The enclosed Articles of Amenda	nent and fee are subm	nitted for filing.		
Please return all correspondence of	concerning this matter	r to the following:		
	Polly,	Barco (Name of Contact Perso	n)	
	_ife /	Ministr	ries V	aldosta, I
		(Firm/ Company)		,
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	Dayt	City/ State and Zip Cod	each,	FL 32118
E-mail	2 a b a r	for future annual report	notification)	1:com
For further information concerning	g this matter, please	call:	-	
Polly	Barco	at (229)	834-0861 ime Telephone Number)
Enclosed is a check for the follow				
	3.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Certificate of Certified Cop (Additional C Enclosed)	Status y
Mailing Addre	<u>ss</u>	Street	Address	

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

TO: Amendment Section

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

Life Ministrie	s Valdo	sta, INC.
(Name of Corporation as currently filed with the Florida D	Pept. of State)	,
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporation of the corp	,5 220	
"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)	,N/A_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		he name of the
Name of New Registered Agent:	-N/H	
New Registered Office Address:	(Florida stree	et address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent:	
Si	gnature of New Registered Age	ent, 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.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	MIF	λ	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s
1) Change Add					
Remove				_	
2) Change Add			· · · · · · · · · · · · · · · · · · ·		
Remove 3) Remove Add Remove		- <u> </u>			
4) Change Add					
Remove					
5) Change Add				 -	
Remove				_	
6) Change Add					
Remove				_	
E. If amending or addir (attach additional shee	ng additio ets, if nece	nal Articles, enter ch ssary). (Be specific) 人	ange(s) here:		
		/.N	1 1		
					

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The date of each amendment(s) adopt	tion: TYPICU (ACI)	26, 2023 if other than t
date this document was signed.		
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	
	5/22/2023	
Effective date if applicable:	0/20/2060	
	(no more than 90 days after amendment fit	le 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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
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)
Polly Barcol
(Typed for printed name of person signing)
President
(Title of person signing)