## NAIOCCOOSTOS

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SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| Ladies4Christ Minis                                                      | tries Inc.                                                            |                                                                     |                                                              |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|
| 86-3838653                                                               |                                                                       |                                                                     |                                                              |
| DOCUMENT NUMBER:                                                         |                                                                       |                                                                     |                                                              |
| The enclosed Articles of Amendment and fee are sub-                      | mitted for filing.                                                    |                                                                     |                                                              |
| Please return all correspondence concerning this matte                   | er to the following:                                                  |                                                                     |                                                              |
| Bella D Merricks                                                         |                                                                       |                                                                     |                                                              |
|                                                                          | (Name of Contact P                                                    | erson)                                                              |                                                              |
| Ladies4Christ Ministries Inc.                                            |                                                                       |                                                                     |                                                              |
|                                                                          | (Firm/ Compan                                                         | y)                                                                  |                                                              |
| 11059 Miata Court                                                        |                                                                       |                                                                     |                                                              |
|                                                                          | (Address)                                                             |                                                                     |                                                              |
| Jacksonville, FL 32246                                                   |                                                                       |                                                                     |                                                              |
|                                                                          | (City/ State and Zip                                                  | Code)                                                               | · · · ·                                                      |
| ladies4christministries@gmail.com                                        |                                                                       |                                                                     |                                                              |
| E-mail address: (to be used                                              | for future annual re                                                  | port notification                                                   | n)                                                           |
| For further information concerning this matter, please                   | call:                                                                 |                                                                     |                                                              |
| Bella Merricks                                                           | 31                                                                    | 904                                                                 | 9940734                                                      |
| (Name of Contact Person                                                  |                                                                       | (Area Code)                                                         | (Daytime Telephone Number)                                   |
| Enclosed is a check for the following amount made pa                     | ayable to the Florida                                                 | Department of                                                       | State:                                                       |
| ☐ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status            | ☐S43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed) | Certif<br>is Certif                                                 | 0 Filing Fee ficate of Status fied Copy tional Copy is used) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Ai<br>Di                                                              | reet Address<br>mendment Sect<br>ivision of Corpo<br>he Centre of T | orations                                                     |

2415 N. Monroe Street, Suite 810

Tallahassec. FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Ladies4Christ Ministries Inc

2022 FEB 15 AM 9: 44

|                                                                                                                         |                                | 10 HU A: F                                 |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|
| Name of Corporation as currently filed with the F                                                                       | orida Dept. of State)          | SEARS CONTRACT                             |
| 86-3838653                                                                                                              |                                | TALE MASSEE STATE                          |
| (Documen                                                                                                                | t Number of Corporation (if k  | nown)                                      |
| Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:                   | a Statutes, this Florida Not F | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co                                                                       | orporation:                    |                                            |
| N/A                                                                                                                     |                                | The new                                    |
| name must be distinguishable and contain the word "c<br>"Company" or "Co," may not be used in the name.                 | corporation" or "incorporate   |                                            |
| 3. Enter new principal office address, if applicable                                                                    | N/A                            |                                            |
| Principal office address <u>MUST BE A STREET ADI</u>                                                                    |                                |                                            |
|                                                                                                                         |                                | · · · · · · · · · · · · · · · · · · ·      |
|                                                                                                                         |                                |                                            |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO                                   | <u>N/A</u>                     |                                            |
|                                                                                                                         |                                |                                            |
|                                                                                                                         |                                |                                            |
|                                                                                                                         |                                |                                            |
| <ol> <li>If amending the registered agent and/or register<br/>new registered agent and/or the new registered</li> </ol> |                                | , enter the name of the                    |
| N                                                                                                                       | /A                             |                                            |
| Name of New Registered Agent:                                                                                           |                                |                                            |
|                                                                                                                         |                                | lorida street address)                     |
| New Registered Office Address:                                                                                          |                                |                                            |
| N                                                                                                                       | /A                             | , Florida                                  |
| _                                                                                                                       | (City)                         | , Florida<br>(Zip (*ode)                   |
| New Registered Agent's Signature, if changing Reginerely accept the appointment as registered agent.                    |                                | t the obligations of the position.         |
|                                                                                                                         |                                |                                            |
|                                                                                                                         | () (A) ()                      |                                            |
|                                                                                                                         | Signature of New Regis         | tered 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:

(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><br><u>V</u><br><u>SV</u> | John Doc<br>Mike Jones<br>Sally Smith                       |                                         |
|----------------------------------------------------|------------------------------------|-------------------------------------------------------------|-----------------------------------------|
| Type of Action<br>(Check One)                      | <u>Title</u>                       | <u>Name</u>                                                 | <u>Addres</u> s                         |
| Change Add                                         |                                    |                                                             |                                         |
| Remove                                             |                                    |                                                             |                                         |
| 2) Change Add                                      |                                    |                                                             |                                         |
| Remove 3 ) Remove Add Remove                       |                                    | · · · · · · · · · · · · · · · · · · ·                       |                                         |
| 4) Change Add                                      | <del></del>                        |                                                             |                                         |
| Remove  5) Change Add                              |                                    |                                                             |                                         |
| Remove 6) Change Add                               |                                    |                                                             |                                         |
| E. If amending or adding (attach additional sheet) |                                    | onal Articles, enter change(s) here: essary). (Be specific) | <del></del>                             |
| Adequate purpose and di                            | ssolution                          | statements:                                                 | <del> </del>                            |
| Ladies4Christ Ministries                           | Inc. is o                          | rganized exclusively for charitable, religious, and ed      | lucational purposes, the making of      |
| distributions to organizat                         | ions that                          | qualify as exempt organizations described under Sec         | etion 501(c)(3) of the Internal Revenue |
| Code or of any corresepo                           | nding sec                          | ction of any further tax code.                              | <del></del>                             |
| Unon dissolution of Ladi                           | oc.1Christ                         | Ministrias Inc. assaucts shall be distributed for any       | or more exempt purposes within the      |

| or shall be distributed to the federal government, or to a state or local government, for a pu | olic numoses        |
|------------------------------------------------------------------------------------------------|---------------------|
| or small of all around to the federal government, or to a state or total government, for a pu  |                     |
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|                                                                                                |                     |
|                                                                                                |                     |
| The date of each amendment(s) adoption: February 7, 2022 date this document was signed.        | , if other than the |
| Effective date if applicable: February 7, 2022                                                 |                     |

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Adoption of Amendment(s) (CHECK ONE)

document's effective date on the Department of State's records.

| Dated    | February 7, 2022                                                                                                                                                                                                                   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signatur | Beda D. Merxek                                                                                                                                                                                                                     |
| •        | (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) |
|          | Bella D Merricks                                                                                                                                                                                                                   |
|          | (Typed or printed name of person signing)                                                                                                                                                                                          |
|          | President                                                                                                                                                                                                                          |
|          |                                                                                                                                                                                                                                    |