N31000006084

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A. Butter 9/8/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Visions of God Unit	ed, Inc		
	N21000006084			
DOCUMENT NUMBER:				·
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
James Dixon				
	·····	(Name of Contact Per	son)	
10		(Firm/ Company)	i	
7750 Okeechobee Blvd Suit	e 4			
		(Address)		<u> </u>
West Palm Beach Florida, 3	3411			
		(City/ State and Zip C	ode)	
Jamesdixon@visionsofgod.	com			
	-mail address: (to be use	d for future annual repo	ort notification	n)
For further information cond	cerning this matter, please	e call:		
James Dixon			561	805-0595
	(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida D	epartment of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy is osed)
Mailing A			et Address	ivan

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

FHED

2021 AUG 26 AM 10: 49

Visions of God United, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N21000006084 (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:

(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 Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	TD	Jelani Dixon	7750 Okeechobee Blvd Suite 4 West Palm Beach Florida, 33411
Remove 2) Change Add	SD	Jelese Dixon	7750 Okeechobee Blvd Suite 4 West Palm Beach Florida, 33411
Remove 3) Change	PD	James Dixon	7750 Okeechobee Blvd Suite 4 West Palm Beach Florida, 33411
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee See attached		cles, enter change(s) here: (Be specific)	

		_
		
		
<u></u>		
		
		
The date of each amendment(s) adop	otion: 07/30/2021	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<u>-</u> -	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will nortment of State's records.	at be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	

Signature	. James Dixon
	(By the chairman of 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)
	James Dixon
	(Typed or printed name of person signing)