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COVER LETTER

TO: Amendment Section Division of Corporations

Julia's Mission, Inc. NAME OF CORPORATION:
N21000008248
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle E. Lowther, Esq.
(Name of Contact Person)
Lowther Legal, PELC
(Firm/ Company)
P.O. Box 10083
(Address)
Largo, FL. 33773
(City/ State and Zip Code)
billabong912@aot.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle E. Lowther (727) 201-3215
(Name of Contact Person) (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 Fee & □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)

Mailing Address

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

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

2021 DEC 20 PM 1: 02

Julia's Mission, Inc.

(Name of Corporation as currently filed with the	e Florida Dept.	of State)	W. HEMRY OF STORE
N21000008248			HMISSEE FINANCE
(Docum	ment Number of	Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, thi	s Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the word	d "normanation"	on "incomposated"	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		or incorporatea	or the appreviation Corp. or Inc.
B. Enter new principal office address, if applica	able: 165	6 Indian Rocks Roa	d South
(Principal office address <u>MUST BE A STREET A</u>	ADDRECC	go, FL. 33774	
			-
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX) 165	6 Indian Rocks Ros	ad South
	Larg	go, FL. 33774	
D. If amending the registered agent and/or regi	istered office ad	dress in Florida, e	nter the name of the
new registered agent and/or the new register			-
Name of New Registered Agent:	Lowther Legal	, PLLC	
	9262 126th Av	enue North	
New Registered Office Address:		(Flor	ida street address)
New Negistered Office Address.	Largo		33773
		lity)	Florida (Zip Code)
New Registered Agent's Signature, if changing I	Registered Age	nt:	
I hereby accept the appointment as registered agen	nt. I am familia	r with and acceptate	ne obligations of the position
	111	1 actit	
-	Signati	ire of New Register	ed Agent, if changing

·	
If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name	e,
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; CLO = Ch	ne
Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer.	ce
LL DED	

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 Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Remove Add Remove		_		
4) Change Add				
Remove				
5) Change Add		_		
Remove				
6) Change Add				
Remove				
E. If amending or addi (attach additional she	ng additi ets, if nec	ional Art cessary).	icles, enter change(s) here: (Be specific)	
Amending Article III				
Julia's Mission, Inc. is or	rganized	exclusive	ly for charitable, religious, educational, and so	ientific purposes, including, for
such purposes, making d	listri butio	ons to orga	anizations under section 501(c)(3) of the inten	ral revenue code or corresponding
section of any future fed	eral tax c	ode. No r	part of the net earnings of Julia's Mission, Inc.	shall inure to the benefit of, or be

of the purposes set forth in this purpose claus	e .	
		
Adding Artilce XIII		
Article XIII - Dissolution Clause		
Upon the dissolution of the organization, asso	ats shall be distributed for one or more exempt purposes within the	: meaning
of Section 501(c)(3) of the Internal Revenue	Code, or correspondign section of any future federal tax code, or s	shall be
distributed to the federal government, or to a	state or local government, for a public purpose.	<u>-</u>
	-	
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		· ·····
The date of each amendment(s) adoption: date this document was signed.	12/15/2021	, if other than the
12/15/2021		
Effective date if applicable:	o more than 90 days after amendment file date)	

(CHECK ONE)

Adoption of Amendment(s)

	members or members entitled to vote on the amendment(s). The amendment(s) was/were he board of directors.
Dat Sign	nature
Sign	(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)
	Lindsay Michaud
	(Typed or printed name of person signing) Executive Director
	(Title of person signing)