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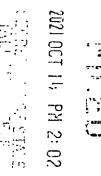
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

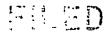
| Unity On The Path Retrea | | | |
|--|--|----------------------|--|
| N21000008591 DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are submitted | | | |
| Please return all correspondence concerning this matter to t | the following: | | |
| Linda Gail McLeod | | | |
| (Nar | ne of Contact Pers | son) | |
| Unity On The Path Ministry | | | |
| - | (Firm/ Company) | | |
| 5134 33rd Ave North | | | |
| | (Address) | | • |
| Saint Petersburg, Florida | | | |
| (City | / State and Zip Co | ode) | |
| unityonthepath@gmail.com | | | |
| E-mail address: (to be used for t | future annual repoi | rt notification |) |
| For further information concerning this matter, please call: | | | |
| Linda McLeod | · | 127 | 804-4610 |
| (Name of Contact Person) | | Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable | e to the Florida De | epartment of S | State: |
| (A | 3.75 Filing Fee & entified Copy dditional copy is aclosed) | Certific Certific | Filing Fee cate of Status ed Copy ional Copy is sed) |

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



Unity On The Path Retreat Ministry (Name of Corporation as currently filed with the Florida Dept. of State) N21000008591 (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: NA , Florida j (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position. NA 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 V SV | John Doe Mike Jones Sally Smith | |
|-----------------------------------|---------------|---|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | CEO | Linda Gail McLeod | 5134 33rd Ave North Saint Petersburg, Florida 33710 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6)ChangeAdd | | | |
| (attach additional shee | g addition | onal Articles, enter change(s) here: essary). (Be specific) | |
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| The date of each amendmen date this document was signed | i(s) adoption: October 12, 20 | 21 | -1 | , if other than the |
| Effective date if applicable: | October 12, 2021 | | | |
| | (no more than 90 | days after amendment | file dates | |
| Note: If the date inserted in the document's effective date on t | | | requirements, this date will not | be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |) | | |
| The amendment(s) was/was/were sufficient for a | vere adopted by the members opproval. | and the number of vote | s cast for the amendment(s) | |

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | | | |
|--|--|--|--|
| October 12, 2021 Dated | | | |
| Signature IMS Let il Mets | | | |
| (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) | | | |
| Linda Gail McLeod | | | |
| (Typed or printed name of person signing) | | | |
| Registered Agent | | | |
| (Title of person signing) | | | |