N21000009010

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SOUTH THE STATE OF STATES



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ries SRQ Inc	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Joan Cahalan		
	(Name of Contact Perso	on)
Arise Ministries SRQ, Inc		
	(Firm/ Company)	
3949 Waypoint Ave		
	(Address)	
Osprey, FL 34229		
	(City/ State and Zip Co	de)
jeahalan36@gmail.com		
E-mail address: (to	be used for future annual repor	t notification)
For further information concerning this matter	, please call:	
Joan Cahalan		30-416-6936
(Name of Contact	Person) (E	Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida De	partment of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section		t Address adment Section
Amendment Section Division of Corporations		ion of Cornerations

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 of

Arise Ministries SRQ Inc.		
Name of Corporation as currently filed with the Florid	a Dept. of State)	 -
N21000009010		
(Document Nur	mber of Corporation (if I	known)
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word "corpo	pration" or "incorporate	The new of "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	•	·
B. Enter new principal office address, if applicable:		75.020 75.00
(Principal office address MUST BE A STREET ADDRES	<u>SS</u>)	
		75.
		-3
		P
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered of		a, enter the name of the
new registered agent and/or the new registered offic	e address.	
Name of New Registered Agent:	. <u>.</u>	
	()	Florida street address)
<u>New Registered Office Address:</u>		
	<u> </u>	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accep	of the obligations of the position.
	Signature of New Regi.	stered 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 = Trustec; 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	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove		-	
2) Change Add		<u> </u>	
Remove 3) Change Add Remove		- - -	ZERZZ JUN -3
4) Change Add		<u> </u>	SERVING SI
Remove		<u>-</u>	
5) Change Add			
Remove		-	
6) Change Add			· · · · · · · · · · · · · · · · · · ·
Remove		<u>-</u>	
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
Upon the dissolution of the	ne organiz	ation, assets shall be distributed for one or more exemp	ot purposes
within the meaning of Sec	ction 501(c)(3) of the Internal Revenue Code, or corresponding s	section
of any future federal tax o	ode, or sl	nall be distributed to the federal government, or to a sta	te of local
government, for a public	purpose.		

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The date of each amendment(s) adoption:, if other	than the
ate this document was signed.	man the
O5/20/2022 Iffective date if applicable:	
(no more than 90 days after amendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records.	s the
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.	

Dated	05/20/2022
2	.7 1.2
Signatur	(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)
	Joan M. Cahalan
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

2022 JUN -3 PH 3: 16