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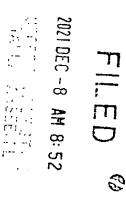
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| Certified Copies        | _ Certificates     | of Status |
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| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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C. BRUMBLEY

## . COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Pure Life Ministries Inc.   |
|--|
| DOCUMENT NUMBER: N 21 00000 9946   |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Tigra McIntosh   |
| (Name of Contact Person)   |
| Pure Life Ministries Inc. (Firm/ Company)  |
| (Firm Company)   |
| 3970 NW 33rd Terrace Lauderdale Lakes FI 33309   |
| (Address)  |
| Lauderdale Lakes Fl. 33309   |
| (City/ State and Zip Code)   |
| DUTCHEFOLLOWShip @ GMail COM E-mail address: (to be used fool future annual report notification)                             |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| (Name of Contact Person) at (954) 330 - 9844 (Area Code) (Daytime Telephone Number)  |
| (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 & ☐ ☐ \$52.50 Filing Fee & ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

**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

| <u>Fure life Ministries</u>  |               |                         | · · · · · · · · · · · · · · · · · · · | ·                         |          |
|--|---------------|-------------------------|---------------------------------------|---------------------------|----------|
| (Name of Corporation as currently filed with the   | Florida [     | Dept. of State)         |                                       |                           |          |
| <u> </u>   |               |                         |                                       |                           |          |
| (Docume  | ent Numb      | er of Corporati         | on (if known)                         |                           |          |
| Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation: | ida Statute   | es, this <i>Florida</i> | Not For Profit Corpo                  | pration adopts the follow | ving     |
| A. If amending name, enter the new name of the   | corporat      | ion:                    |                                       |                           |          |
| name must be distinguishable and contain the word  | Inc.          |                         |                                       | The i                     | new      |
| name must be distinguishable and contain the word  | "corpora      | tion" or "incor         | porated" or the abbre                 | eviation "Corp." or "In   | c. ''    |
| "Company" or "Co." may not be used in the name.  |               | . 4                     |                                       |                           |          |
| B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AL     |               | <u> NIA</u>             |                                       |                           |          |
| (Frincipal office duaress MUST BE A STREET AL  | <u>DUKESS</u> | ,<br>                   |                                       |                           | _        |
|  |               |                         |                                       |                           |          |
|  |               |                         | ***                                   |                           | 202      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B                 | eox)          | NIA                     |                                       |                           | ~<br>⊋ . |
| (  | <u></u> )     | <u>,</u>                | · · · · · · · · · · · · · · · · · · · |                           | 5        |
|  |               |                         |                                       | &                         | · [      |
|  |               |                         |                                       | <u>''</u>                 | i7       |
| D. If amending the registered agent and/or regist  | ered offic    | ce address in I         | Florida, enter the nar                | ne of the                 |          |
| new registered agent and/or the new registered   |               |                         |                                       | 52                        |          |
| Name of New Registered Agent:  | NIA           |                         |                                       | -                         | ť        |
|  |               |                         |                                       | •                         | _ `      |
| -  |               |                         | (Florida street addre                 | ss)                       | _        |
| New Registered Office Address:   |               |                         |                                       |                           |          |
| _  | NIA           |                         |                                       | , Florida                 |          |
|  |               | (City)                  |                                       | , Florida<br>(Zip Code)   |          |
| New Registered Agent's Signature, if changing Re   | egistered     | Agent:                  |                                       |                           |          |
| l hereby accept the appointment as registered agent.   |               |                         | accept the obligation.                | s of the position.        |          |
|  |               |                         |                                       |                           |          |
| _  | NIA           |                         | Registered Agent, if c                |                           |          |
|  | Si            | gnature of New          | Registered Agent, if c                | 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 Si | ones .                                    |         |
|--------------------------------------|----------------------------------|---|---------|
| Type of Action<br>(Check One)        | <u>Title</u>                     | Name                                      | Address |
| 1) Change Add                        | NIA                              | N (A                                      |         |
| Remove                               |                                  | _   |         |
| 2) Change Add                        | MIA                              | NIA                                       |         |
| Remove 3 ) Remove     Add     Remove | <u>NIA</u>                       | NIA                                       |         |
| 4) Change Add                        | NIA                              | NIA                                       |         |
| Remove 5) Change Add                 | NIA                              | NIA                                       |         |
| Remove 6) Change Add                 | NIA                              | NIA                                       |         |
| Remove                               |                                  | _   | <u></u> |
| E. If amending or additional sheet   |                                  | cles, enter change(s) here: (Be specific) |         |
| _ N/A                                |                                  |   |         |
|                                      |                                  | <u></u>                                   |         |
|                                      |                                  |   |         |
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| date this document was signed.   | ion:, if other that  | an the     |
| Effective date if applicable:  | (no more than 90 days after amendment file date)   | <u>-</u> . |
|  |  |            |
| Note: If the date inserted in this block document's effective date on the Depart | loes not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records. | 10         |
| Adoption of Amendment(s)   | (CHECK ONE)  |            |
| ☐ The amendment(s) was/were adopte was/were sufficient for approval.             | ed by the members and the number of votes cast for the amendment(s)  |            |

| adopted by the board of directors.   |
|--|
| Dated NOVember 28th, 2021  |
| Signature Signature McOntoon   |
| (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) |
| other court appointed indictary by that inductary)   |
| Tiara McIntosh   |
| (Typed or printed name of person signing)  |
|  |
| ·  |
| Vice President Treasurer   |
| (Title of person signing)  |

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