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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

JOHNIES VILLAS MI NAME OF CORPORATION:	NISTRIES CORP		
N21000010634 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submit	ted for filing.		
Please return all correspondence concerning this matter t	to the following:		
BRENDA WALLACE			
4)	lame of Contact Per	rson)	
JOHNIE'S VILLAS MINISTRY CORP			
	(Firm/ Company))	
PO BOX 9724			
	(Address)		
TAMA. FL 33674			
(C	ity/ State and Zip C	(ode)	
option 1 health of E-mail address: (10 be used to	phos @	gmeil.	COM
E-mail address: (to be used to	or future annual repo	ort notification	
For further information concerning this matter, please ca	11:		
MICHELLE MARTIN	at	863	284-7434
(Name of Contact Person)	((Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya			
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Secti ision of Corpo Centre of Ta	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JOHNIES VILLAS MINISTRIES CORP

(Name of Corporation as currently filed with the	Florida I	Dept. of State)		
N21000010634				
(Docum	ient Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	es, this Florida Not For Profit Corporation :	idopts tl	he following
A. If amending name, enter the new name of the N/A	e corporat	ion:		Tha now
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name	"corpora. <u>:</u>	tion" or "incorporated" or the abbreviation	"Corp.	
B. Enter new principal office address, if applica	ble:	N/B		
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>)		•
				·
C. Enter new mailing address, if applicable:			,	
(Mailing address <u>MAY BE A POST OFFICE I</u>	r new principal office address, if applicable: If new mailing address MAY BE A POST OFFICE BOX) A post of New Registered Agent: Name of New Registered Agent: NAME of New Registered Agent: NAME A POST OFFICE BOX Name of New Registered Agent: NAME OF New Registered Agent:			
				· ;
				20
		-		~~ -
(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 mendment(s) to its Articles of Incorporation: N. Hamending name, enter the new name of the corporation: N. Hamending name, enter the new name of the corporation: N. The new 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. 3. Enter new principal office address, if applicable: (Mailing address MAY BE A FOST OFFICE BOX) N. Hamending the registered agent and/or registered office address: N. Mame of New Registered Agent: N. M.				
new registered agent and/or the new registere	<u>ed office a</u>	ddress:	Þ	2
Name of New Registered Agent:	NIA			
				EX.
	<i>\range / \frac{1}{2}</i>	(Florida street address)		~
New Registered Office Address:				S
		, Florida	a	
Nam Danistanad Agant's Simustana if abounted it	Logietowad	Agant		
New Registered Agent's Signature, it changing R I hereby accept the appointment as registered agent	<u>legistered</u> L. Lam fai	Agent: niliar with and accept the obligations of the j	position	
	J	, , , , , ,		
	Si	gnature of New Registered Agent, if changing	 Ļ	

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 De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>VP</u>	CURTIS COOKS	
X Remove			
2) X Change Add	<u>PS</u>	BRENDA WALLACE	
Remove Change X Add Remove	<u>T</u>	Darrius Bussey	6706 N NEBRASKA AVE #9724 TAMPA, FL 33604
4) Change Add		***************************************	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
SEE ATTACHED			
		<u> </u>	

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The date of each amendment(s date this document was signed.	s) adoption: MA	Y 1, 2023	<u>-</u>			, if other than th
Effective date <u>if applicable</u> :	MAY 1, 2023					
Effective date <u>if applicable</u> :	(no moi	re than 90 days af	ter amendment j	file date)		
Note: If the date inserted in this document's effective date on the	s block does not m : Department of St	eet the applicable tate's records.	statutory filing	requirements	, this date will no	t be listed as the
Adoption of Amendment(s)	(CHE	CK ONE)				
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the soroval.	members and the	number of votes	cast for the c	umendment(s)	

A CALL TO A CALL TO SERVICE

Dated May 26, 2023
Signature Brenda Wallace
(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)
BRENDA WALLACE
(Typed or printed name of person signing)

(Title of person signing)

A Committee of the Comm