## N21000011340

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900374363359

10/08/21--01018--020 \*\*35.00



## COVER LETTER

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORAT	HUB, HONEST UP	NITED BELIVERS, II	NC.	
DOCUMENT NUMBER	N21000011340			
The enclosed Articles of A	mendment and fee are sub-	mitted for tiling.		
Please return all correspond	dence concerning this matter	er to the following:		
MARY C SCRIBNER, CP		·		
	<del></del>	(Name of Contact Pe	rson)	
ROBSON, SCRIBNER &	STEWART, PA			
		(Firm/ Company	)	
307 NE 36TH AVE #1				
	,	(Address)		
OCALA, FL 34470				
		(City/ State and Zip C	Code)	······································
mary@rsscpa.com				
	E-mail address: (to be used	for future annual rep	ort notification	1)
For further information con	cerning this matter, please	call:		
MARY C SCRIBNER			352	694-4184
	(Name of Contact Person,		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section
Division of Corporations The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation

HUB, HONEST UNITED BELIEVERS, INC	<b>.</b>	
(Name of Corporation as currently filed with the Florid	la Dept. of State)	<del></del>
N21000011340		
(Document Nu.	mber of Corporation (if known	)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration;	
THE MISSION HUB, INC.	····	
name must be distinguishable and contain the word "corpo"Company" or "Co." may not be used in the name.	oration" or "incorporated" or	The new the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	MELAINIE FACEY	
(Principal office address MUST BE A STREET ADDRESS	<u>88</u> ) 17748 SW 35TH AVENU	E ROAD
	OCALA, FL 34473	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 dc 5501: 741:
		7 - 8 20:00
D. If amending the registered agent and/or registered o	ffice address in Florida, enter	the name of the
new registered agent and/or the new registered office	e address:	58
Name of New Registered Agent:		œ
New Registered Office Address:	(Florida s.	treet address)
	<del></del>	, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

	. and Sair Smith,	or us an sua.	
Example: X_Change X_Remove X_Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	Director	Karen Brown	243-12 149th Avenue Rosedale, NY 11422
Remove			78
2) Change Add	Director	Jemel Facev	17748 SW 35th Avenue Road Ocala, FL 34473
Remove 3 ) Change     Add     Remove	Director	David Miller	4500 SE 106th Street Belleview, FL 34420
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee:	g additional <u>Arti</u> ts, if necessary).	cles, enter change(s) here: (Be specific)	
	<del></del>		

		<del></del>
		<del></del>
		<u></u>
		<b></b> -
		-
		<del></del>
-		<u></u>
· · · · · · · · · · · · · · · · · · ·		
		·
The date of each amendment date this document was signed	(s) adoption: 09/21/2021	if other than the
Effective date if applicable:	09/21/2021	
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be ne Department of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes that the approximately	

.

e no members or members entitled to vote on the amendment(s). The amendment(s) was/we by the board of directors.	
09/21/2021 Dated	
Signature May C Scribe  (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	ors or
MARY C SCRIBNER	
(Typed or printed name of person signing)	
INCORPORATOR	
(Title of person signing)	