

W21000012571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

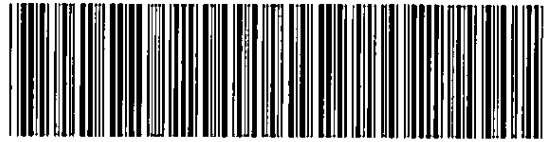
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS  
NOV 01 2021



100375924081

11/01/21--01005--017 \*\*35.00

RECEIVED  
2021 NOV -1 PM12:58  
TALLAHASSEE, FLORIDA

2021 NOV -1 PM1:07  
CD

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: UnFolding Blessings, Inc.

DOCUMENT NUMBER: N21000012571

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly McLeaser  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

12 Sixth Avenue  
(Address)

Crawfordville, Florida 32327  
(City/ State and Zip Code)

unfolding.blessings@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Contact Person) at \_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

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

UnFolding Blessings, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000612571

(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:

UnFolding Blessings, Inc.

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.

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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.

Signature of New Registered Agent, if changing

2021 NOV -1 PM 1:08

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |   |               |                        |   |
|---|---------------|------------------------|---|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add | <u>Member</u> | <u>Kiona M. Ceaser</u> | <u>7100 Dawson Boulevard</u><br><u>Apt 7204</u><br><u>Atlanta Georgia 30340</u>         |
| <input type="checkbox"/> Remove - Officer Title                               |               |                        |   |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add | <u>Member</u> | <u>Kyla M. Ceaser</u>  | <u>208 Crossings Drive</u><br><u>Millbrook Alabama 36054</u>                            |
| <input type="checkbox"/> Remove - Officer Title                               |               |                        |   |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add | <u>Member</u> | <u>Corey Hill</u>      | <u>2415 Old St. Augustine Rd.</u><br><u>Apt 722</u><br><u>Tallahassee Florida 32301</u> |
| <input type="checkbox"/> Remove - Officer Title                               |               |                        |   |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add            |               |                        |   |
| <input type="checkbox"/> Remove   |               |                        |   |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add            |               |                        |   |
| <input type="checkbox"/> Remove   |               |                        |   |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add            |               |                        |   |
| <input type="checkbox"/> Remove   |               |                        |   |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Change to  
Article III

The corporation is being formed for charitable purposes. It is designed to benefit the society or a specific group of individuals within that society. The purpose include educational, humanitarian, or religious.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

10/1/2021

Signature

*Kimberly M. Ceaser*

(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)

*Kimberly M. Ceaser*

(Typed or printed name of person signing)

*President*

(Title of person signing)