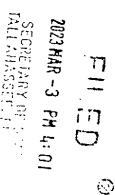
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# **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Sacred Circle Community I	Development, Corp
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted :	for filing.
Please return all correspondence concerning this matter to the	e following:
Janice Michelle Gilbert	
(Name	of Contact Person)
Sacred Circle Community Development, Corp	
(F	irm/ Company)
10281 SW VILLAGE PARKWAY, SUITE 206	
	(Address)
Port Saint Lucie, FL 34987	
(City/	State and Zip Code)
gilbertmichelle31@gmail.com	
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please call:	
Janice Michelle Gilbert	937-210-7001 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable t	o the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43. Certificate of Status Certi	75 Filing Fee & S52.50 Filing Fee ified Copy Certificate of Status

# Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

### Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee

Certified Copy

Enclosed)

(Additional Copy is

# Articles of Amendment Articles of Incorporation θf

,	Articles of Amendment	32 M
	to	100 Th
Α	articles of Incorporation of	
acred Circle Community Development, Corp	<b>V.</b>	THE COMPANY OF THE PARTY OF THE
ame of Corporation as currently filed with the Flo	orida Dept. of State)	
21000012756	nica incpt. of State	
	Number of Corporation (if k	(nown)
	•	
resuant to the provisions of section 617,1006. Floridance and ment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
,		
If amending name, enter the new name of the cor	rporation:	
		The new
me must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
ompany or Co. may not be used in the name.		
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )	
	•	
Enter new mailing address if applicable		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
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	×	
(Mailing address MAY BE A POST OFFICE BOX		enter the name of the
(Muiling address MAY BE A POST OFFICE BOX	ed office address in Florida	, enter the name of the
If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida ffice address:	
If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida	
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If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida ffice address:	-lorīda street address)
(Muiling address MAY BE A POST OFFICE BOX  If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent:	ed office address in Florida ffice address:	

Signature of New Registered 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 = 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 Y Mike Jo SV Sally Sı	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<del></del>	<del></del>	
Remove 2) Change Add	<u>cco</u>	Brett Lieberman	1080 W 13th Square Vero Beach, FL 32960
Remove 3) Change Add Remove	·		
4) Change Add			
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adopt	February 27, 2023	.e.a.a.a.a
date this document was signed.	ion:	If other than the
	A= ADA	
Effective date if applicable: February	27, 2023	
	(no more than 90 days after amendment file date)	
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 ment of State's records.	pe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

adopted by the bo	pard of directors.
Dated	02/27/2023
Signaturo	Vanto M. Gulbernt
C	(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)
	Janice Michelle Gilbert
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)

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