N21000013171

(Requestor's Name)
(Äddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Effective August 1,2024

Office Use Only



600433983166

08/01/24--010-0-5--

2024 AUG -1 PH 1:59



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Sacred Souls Sanct NAME OF CORPORATION:	mary Incorporated	<u></u>		
N21000013171 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this ma	tter to the following:			
Maryann Smith-Jackson				
	(Name of Contact Per	son)		
Sacred Souls Sanctuary Incorporated				
****	(Firm/ Company)			
688 Morningmist Lanc				
	(Address)			
Lehigh Acres,Florida 33974				
	(City/ State and Zip C			
sacredsoulssancinary2021@gmail.com	sacred soul	s Sarct	vary 2021 @gnai	l :00 24
E-mail address: (to be us	ed for future annual repo	ort notification	1)	
For further information concerning this matter, pleas	se call:			
Maryann Smith- Jackson		239-471-868		
(Name of Contact Perso	on)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida D	epartment of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certif Certif	O Filing Fee teate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	et Address endinent Sectision of Corpo Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Sacred Souls Sanctuary Incorporated

FILED

(Name of Corporation as currently filed with the Florida Dept. of	State)	
N21000013171	2024 AUG - 1	PH 2: 0
(Document Number of Cor Pursuant to the provisions of section 617.1006, Florida Statutes, this F	poration (if known) SECRETARY TALLAHA	OF STAT
Pursuant to the provisions of section 617.1006 , Florida Statutes, this F amendment(s) to its Articles of Incorporation:	lorida Not For Profit Corporation adopts W	(Cloffortily
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation" or "Company" or "Co." may not be used in the name.	"incorporated" or the abbreviation "Corp."	The new " or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Frincipal office duaress <u>MOST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:		_
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent, I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position	
Signature (of New Registered Agent, if changing	

It 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.

ixampie: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Genevieve Hankerson	18 Port Landing Newport News, Virginia 23601
2) Change Add	<u>SD</u>	Jasmin Castillo	1507 Hightower Avenue South Lehigh Acres, Florida 33974
Remove 3) Change	DTR	Dante Lamont Barker	129 Algerine Court Fairburn ,Georgia 30213
4) Change Add			
Remove Of Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssury). (Be specific)	

		<u></u> , , , , · ·		
· · · · · · · · · · · · · · · · · · ·				
	<u> </u>	- ::		
				·
				
The date of each amendment date this document was signed	(s) adoption:			, if other than the
tate this thoument was signed	August 1st, 2024			
Effective date <u>if applicable</u> :		on aften amoudurent GI - 1:	eta)	-
	(no more than 90 day	s after amendment file de	uie)	

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

-,	pard of directors.
Dated	7/26/2024
Signature	Marylan Inish Joekson
	(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)
	outer evait appointed reducing by that reducinty)
	(Typed or printed name of person signing)
	(3)

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

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	uary Incorporated			_
DOCUMENT NUMBER:	N21000013171				
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.			_
Please return all correspond	lence concerning this mat	ter to the following:			
Maryann Smith-Jackson					
		(Name of Contact Perso	n)		-
Sacred Souls Sanctuary Inc	corporated				
		(Firm/ Company)			-
688 Morningmist Lane					
	· · · · · · · · · · · · · · · · · · ·	(Address)	····		_
Lehigh Acres,Florida 3397	4				
		(City/ State and Zip Coo	•		-
sacredsoulssancinary20216	egmail.com	Sacred Soils d for future annual report	Sarch notification	cary 2021 Egna	el.Corn
For further information con					
Maryann Smith- Jackson			39-471-868}		
	(Name of Contact Person	n) (A	rea Code)	(Daytime Telephone Number)	-
Enclosed is a check for the	following amount made p	ayable to the Florida Dep	artment of S	State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 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