## N22000000719

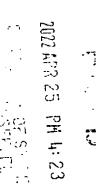
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Momen of Surviving Faith Foundation Inc.	_	
DOCUMENT NUMBER: <u>N 2200000719</u>		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Tris D. Williams (Name of Contact Person)		
Momen of Surviving Faith Foundation Ine (Firm/Company)		
(Firm/ Company)		
4222 Aberfoyle Avenue (Address)		
Fort Pierce, Florida 34447 (City/ State and Zip Code)		
ca -		
Wi0905@Comcast, net  E-mail address: (to be used for future annual report notification)  = 5		
For further information concerning this matter, please call:		
Iris D. Williams at 772-216-7545		
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	_	
Enclosed is a check for the following amount made payable to the Florida Department of State:		
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Street Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED

FLORIDA DEPARTMENT OF STATE 25 AM II: 33

Division of Corporations

MECRICAL APASSAGE ATE

April 12, 2022

IRIS WILIAMS 4222 ABERFOYLE AVE FT PIERCE, FL 34947

SUBJECT: WOMEN OF SURVIVING FAITH FOUNDATION INC

Ref. Number: N22000000719

We have received your document for WOMEN OF SURVIVING FAITH FOUNDATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. The document should contain the Cover Letter and 4 Amendment pages.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 822A00008464

## Articles of Amendment to Articles of Incorporation of

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	Articles of Amendment	
	to (2)	
Α	Articles of Incorporation	\ .
Mary of Such Til		Z-
Momen of Durviving fait  Name of Corporation as currently filed with the Flo	n toundation Inc.	- F.
N 22 00	22222	2
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following	ng
A. If amending name, enter the new name of the co	rporation:	
	The ne	
name must be distinguishable and contain the word "co 'Company" or "Co." may not be used in the name.	orporation" 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 <u>MUST BE A STREET ADD</u>		_
Principal office address <u>BOST BE A STREET ADD.</u>	<u></u>	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	V)	
(Malling undress MAT BE A TOST OF TICE BO.	ν	<b>→</b>
-	<b>-</b>	_
). If amending the registered agent and/or registers	ad attice address in Florida, antar the name of the	
new registered agent and/or the new registered of		
Name of New Registered Agent:	Iris D. Williams	
		_
<u>~</u>	1222 Aberforthe Avenue	_
New Registered Office Address:		
	Fort Pierce Florida 34947	
<del>-</del>	Fort Pierce Florida 34447 (City) (Zip Code)	_
Nay Dagictarad Agant's Signatura if shanning Dagic	stored Agent	
New Registered Agent's Signature, if changing Regi- hereby accept the appointment as registered agent. I	stered Agent:   am familiar with and accept the obligations of the position.	
	Très D. Williams	_
	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: XChange X Remove X Add	<u>Y</u> <u>Mik</u>	n Doe se Jones v Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	ĄΤ	Denise Neal	4006 Avenue M Fort Pierce, FL 34947
Remove / Change Add	ÇEO	Iris D. Williams	4222 Aberfayle Ave Fort Pierce Fr 34947
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove 5) Change Add	<del></del>		
6) Change Add			
E. If amending or add (attach additional sh		Articles, enter change(s) here: -). (Be specific)	

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	<del></del>
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The date of each amendment(s) adoption: 3-15-2022	
The date of each amendment(s) adoption: 3-15-2022 date this document was signed.	, if other than th
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be fisted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the arwas/were sufficient for approval.	nendment(s)

Dated 3 15 2022
Signature Junnie William 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)
GUNNIE Williams Jr.
(Typed or printed name of person signing)
President

(Title of person signing)

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