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cf 3/24/2022

## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ns Women's Ministry, F	ne	
N22000001441 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following	ŗ.	
Laurie Smith			
	(Name of Contac	t Person)	
	(Firm/ Comp	oany)	
6460 35 TH LANE			
	(Address	)	
VERO BEACH, FL 32966			
	(City/ State and Z	(ip Code)	
laurie@breakingchainswomensministries.com			
E-mail address: (to b	oe used for future annual	report notificatio	n)
For further information concerning this matter,	please call:		
Laurie Smith		772	473-3016
(Name of Contact I	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Flori	da Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fo Certificate of \$1	•	Certit py is — Certit	icate of Status ied Copy tional Copy is
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corp The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Breaking Chains Women's Ministry, Inc.

2022 MAR 14 AM 11: 44

(Name of Corporation as currently filed with the Flor	ida Dept. of State)	CEO(m)
N22000001441		SECRED BY OF STATE TALLAHASSEE, FL
(Document N	lumber of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N'A	
(Principal office address MUST BE A STREET ADDR.	ESS)	
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		<del></del>
D. If amending the registered agent and/or registered	Laffina address in Flavida	enter the name of the
new registered agent and/or the new registered off		enter the name of the
Name of New Registered Agent: N/A		
<del></del>	(Flo	rida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		he obligations of the position.
	Signature of New Registe	red 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	<u>РТ</u> <u>У</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	N/A		
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee		onal Articles, enter change(s) here: pssary). (Be specific)	
Add article:			
The organization is organ	nized excl	usively for charitable, religious, and educational purpo	ses under the meaning of Section
501c3 of the Internal Rev	renue Cou	de. Upon the dissolution of this organization, assets sha	Il be distributed for one or
more exempt purposes w	ithin the i	meaning of section 501(c)(3) of the Internal Revenue C	ode, or corresponding section of
any future federal tay coe	le ordist	ributed to the federal government, or a state or local ge	evernment, for a public purpose

	·-	
		<del></del>
-		
The date of each amendment(s) adoption: date this document was signed.	03/10/2022	, if other than th
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will no	ot be listed as the
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes east for the amendment(s)	

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  O3/10/2022  Signature — Quivil Smith
(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)
Laurie Smith
(Typed or printed name of person signing)
President
(Title of person signing)