# NZLCCCCCJ372

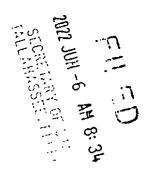
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CO	RPORAT	TION: ZION'S NO GRAN	DMOTHER LEFT BEHIN	ND		
DOCUMENT :	NUMBEI	R: N2200002372				
		Amendment and fee are sul	bmitted for filing.			
Please return all	l correspo	ndence concerning this mat	tter to the following:			
	JA	CQUELINE MOISE				
			Name of Contact Person	n		
	ZI	ZION'S NO GRANDMOTHER LEFT BEHIND				
	Firm/ Company					
	2619 ARLEX DR WEST					
	Address					
	JACKSONVILLE, FL 32211					
	City/ State and Zip Code					
	no	nograndmotherleftbehind@gmail.com / benhamilton63@yahoo.com				
			ed for future annual report			
For further info		oncerning this matter, pleas	se call:at (	476-7074		
Name of Contact Person			Area Co	de & Daytime Telephone Number		
Enclosed is a ch	neck for th	e following amount made p	payable to the Florida Dep	artment of State:		
■ \$35 Filing	Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

# Articles of Amendment Articles of Incorporation of

FILED

ZION'S NO GRANDMOTHER LEFT BEHIND CORP.	2022 JUH -6 AM 8: 31		
(Name of Corporation as current	ay mea wan the riorida Dept. of State)		
N2200002372	SECRETARY OF STA TALLAHASSET OF		
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
NO GRANDMOTHER LEFT BEHIND (175)	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	10990 FORT CAROLINE RD		
(Principal office address MUST BE A STREET ADDRESS)	#350339		
	JACKSONVILLE, FL 32235		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address			
	_		
Name of New Registered Agent			
Warida	treet address)		
·			
New Registered Office Address:	(City) , Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.		
Signature of New I	Registered Agent, if changing		

Check if applicable

ZION'S NO GRANDMOTHER LEFT BEHIND CORP.

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Remove

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 PΤ John Doc V Mike Jones X Remove X Add SV Sally Smith <u>Addres</u>s Type of Action <u>Title</u> <u>Name</u> (Check One) Edwich Sabreena Moise 2619 ARLEX DR WEST **CFOTS** 1) \_\_\_ Change JACKSONVILLE, FL 32211 Add Remove 2619 ARLEN DR W Joshua F. Moise COOV 2) \_\_\_\_ Change JACKSONVILLE, FL 32211 $\mathbf{X}$ \_ Add \_\_ Remove D Marie J. Moise 2619 ARLEX DR W 3 ) \_\_\_\_ Change JACKSONVILLE, FL 32211 **X** Add Remove 4) \_\_\_\_ Change Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_ Add

The date of each amendment(s) a	doption:	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, thi epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendm ufficient for approval.	ent(s)
☐ The amendment(s) was/were apmust be separately provided for	proved by the shareholders through voting groups. The following star each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
sefect	director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	een court
	JACQUELINE MOISE	
	(Typed or printed name of person signing)	·
	President, CEO	
	(Title of person signing)	