N22000004268

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| J DENNIS |
| 'JAN 3 1 2023 |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations. | |
|--|---|
| NAME OF CORPORATION: Gravity Farth | in Christ Ministries, Inc |
| DOCUMENT NUMBER: N220000 42 | |
| The enclosed Articles of Amendment and fee are submitted for | or filing. |
| Please return all correspondence concerning this matter to the | following: |
| Oliver Walke | -C |
| (Name | of Contact Person) |
| Gowing Faith in | Christ Minstris Inc |
| | |
| 6999 Merrill Ro | ed, Ste 2 |
| | |
| Joeksonville, FC 322 | 77 |
| | |
| Obeyr Lond 2 days | gmail. Com are annual report notification) |
| For further information concerning this matter, please call: | · |
| Oliver Walker (Name of Contact Person) | a1 (561)401-7806 |
| (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: |
| , Certificate of Status Certi (Add | 75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certified Copy |
| Mailing Address Amendment Section | Street Address Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

| Grains Faith in | Chust | Miristus. | Foc. |
|--|--------------------|--|-----------------------------|
| (Name of Corporation as currently filed with the Flo | orida Dept. of St | | , - |
| N2200000 | 4269 | | |
| (Document | Number of Corp | oration (if known) | |
| Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Flo | rida Not For Profit Corpor | ration adopts the following |
| A. If amending name, enter the new name of the co | rporation: | | |
| | | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | orporation" or "i | ncorporated" or the abbrev | viation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | | | |
| (Principal office address <u>MUST BE A STREET ADD</u> | <u>RESS</u>) | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | Y 1 | | |
| (Muning address MAT DE AT OST OFFICE BOX | <u> </u> | ······································ | |
| | • | | |
| | | · | |
| D. If amending the registered agent and/or register- | | in Florida, enter the nam | e of the |
| new registered agent and/or the new registered of | office address: | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | | (Florida street addres | s) |
| | | | rot 11 |
| | (City) | | Florida(Zip Code) |
| New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent. | | and accept the obligations | of the position. |
| | Signature oj | New Registered Agent, if c | hanging |

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 | | Doe Jones Smith | + Correcti De na | zspelling |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change Add | <u>P</u> | Diver Cl | The cool of | reasity bludt |
| Remove 2) Change Add | <u>P</u> | Oliver (12) | Sone | 15 Abone |
| Remove 3) Change Add Remove | | | Jaela: | Kersity BIUL OUG BOOM |
| 4) Change Add | | | | |
| Remove | | | | |
| 5) Change Add | | | | |
| Remove | | | | |
| 6) Change Add | | | | |
| Remove | | | | |
| E. If amending or ad- (attach additional si | | Articles, enter change(s) here: (Be specific) | | |
| | ,- <u>.</u> -,, | | | |
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| The date of each amendment(s) adoption | | | | . if other than the |
| date this document was signed. | JA: | | | , |
| | | | | |
| Effective date if applicable: | (no more than 90 day | s ufter amendment fil | e date) | <u> </u> |
| | · · · · · · · · · · · · · · · · · · · | | | |

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)



The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

| 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 10 (17 303 2 |
| Signature |
| (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) |
| Robert T. Jackson |
| (Typed or printed name of person signing) |
| Viu-President (Title of person signing) |