

## N22000004716

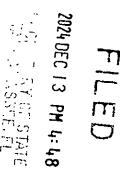
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	THE VALLEY INC	<u> </u>		
	N22000004716			
DOCUMENT NUMBER:	-	_	.=:	<u> </u>
The enclosed Articles of Am	endment and fee are subn	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
CODY BOYETT				
		(Name of Contact Pers	son)	<u>-</u>
	<del></del>	(Firm/ Company)		
		(t ithir Company)		
3685 RENO DR				
		(Address)		
VERNON, FL 32462				
	-	(City/ State and Zip Co	ode)	
sewinbloom@gmail.com				
E	-mail address: (to be used	for future annual repo	rt notification	i)
For further information conc	erning this matter, please	call:		
CODY BOYETT		at		849-5527
	(Name of Contact Person)	(	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida De	epartment of	State:
CI \$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 is sed)
Mailing A	ddress	Stre	et 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

## Articles of Amendment to Articles of Incorporation of

THE VALLEY INC (Name of Corporation as currently filed with the Florida Dept. of State) N22000004716 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office 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 with and accept the obligations of the position.

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: 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			
Remove			<del></del>
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
Article III		<u> </u>	
THE VALLEY INC IS C	RGANIZ	ZED EXCLUSIVELY FOR CHARITABLE, RELIC	GIOUS, AND RELIGIOUS
EDUCATIONAL PURP	OSES, IN	CLUDING, FOR SUCH PURPOSES, THE MAKI	NG OF DISTIBUTIONS TO
ORGANIZATIONS THA	<u>NT QUAI</u>	LIFY AS EXEMPT ORGANIZATIONS DESCRIB	ED UNDER SECTION 501(C)(3)
OF THE INTERNAL RE	VENUE	CODE, OR CORRESPONDING SECTION OF A	NY FUTURE FEDERAL TAX CODE.

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The date of each amendment(s) adoption date this document was signed.	on: 12/3/24	if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	. = .
Note: If the date inserted in this block do document's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

Dated	12/3/24
Signatu	(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)
	CODY BOYETT
	CODY BOYETT  (Typed or printed name of person signing)

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

## Articles of Amendment to Articles of Incorporation of

THE VALLEY INC

(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N22000004716		
(Document N	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not Fa</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "corp" ("Company" or "Co." may not be used in the name.	poration" or "incorporated	d" 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)	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
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	<del></del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		, enter the name of the
N/A		
Name of New Registered Agent:	<u></u>	
	(F	lorida street address)
New Registered Office Address:	(*)	or the street water essy
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist		
I hereby accept the appointment as registered agent. I a	ım familiar with and accept	the obligations of the position.
<del></del>	Signature of New Regist	tered 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>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			
Remove			
2) Change Add			
Remove 3) Remove Add Remove		<del></del>	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additions.	onal Articles, enter change(s) here: essary). (Be specific)	
Article III			
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EDUCATIONAL PURPO	OSES, IN	ICLUDING, FOR SUCH PURPOSES, THE MAKIN	G OF DISTIBUTIONS TO
ORGANIZATIONS THA	T QUAL	LIFY AS EXEMPT ORGANIZATIONS DESCRIBE	D UNDER SECTION 501(C)(3)
OF THE INTERNAL RE	VENILE	CODE OF CORRESPONDING SECTION OF AND	VEHTURE EEDERAL TAY CODE

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The date of each amendment(s) adopted date this document was signed.	On:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	ses not meet the applicable statutory filing requirements, this date will not be tent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast 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.					
	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)  CODY BOYETT					
	(Typed or printed name of person signing)					
	PRESIDENT					
	(Title of person signing)					

. . . .