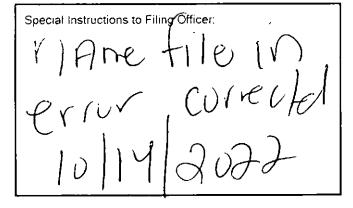
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(Requestor's Nam	e)
(Address)	
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	g. Inc		
N22000011168			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for tiling.		
Please return all correspondence concerning this	matter to the following:		
Maria Gunn			
	(Name of Contact Pe	erson)	
	(Firm/ Company		
3167 Tower Oaks Dr			
	(Address)		
Orange Park, FL 32065			
	(City/ State and Zip C	Code)	
maria@lifeisforgiving.com			
E-mail address: (to be	used for future annual rep	ort notificatio	n)
For further information concerning this matter, pl	ease call:		
Maria Gunn	at	352	789-1143
(Name of Contact Per			(Daytime Telephone Number)
Enclosed is a check for the following amount mac	le payable to the Florida I	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Stat		Centif Centif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		eet Address	
Amendment Section		endment Sect	

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

Life is For Giving		
(Name of Corporation as currently filed with the	Florida Dept. of State)	
N22000011168		
(Docume	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not Fo</i>	er Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation;	
1 (fe is for Giving, Inc		P.
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated	The new 1" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	ole: ODRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent:		enter the name of the
New Registered Office Address:	ıFle	ricki street uddress)
		, Florida
	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	gistered Agent: I am familiar with and accept t	the obligations of the position
	Signature of New Registe	red Agent, if changing _ 🚗

DIVISION OF CORPORATION

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:

President, Vivice President; Till Treasurer; Silver Secretary; Difference Director; TRiver Trustee; Civic Chairman or Clerk; CEO is Chief Executive Officer, CFO is 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	PT John D Y Mike Ja SV Sally S	ones	
Lype of Action (Check One)	Title	Name	Address
Change Add			
Remove			<u>. </u>
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove		_	
5) Change Add			
Remove			
6) Change Add			
Remove		•	
	e additional Artics. s. if necessary.	cles, enter change(s) here: (Be specific)	

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	The second secon	
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• .		
·		
Flie date of each amendment(s) add date this document was signed	option:, it other the	an the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc Jocument's effective date on the Dep.	ck does not incer the applicable statutory filing requirements, this date will not be listed as the bartment of State's records.	he
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was were ade was were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s).	

Dated 10/13/2022 Gignature Management of the board, president or other officer-it directors
have not been selected, by an incorporator (if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Maria camu
(Typed or printed name of person signing)
(Typed or printed name of person signing) President