

N23000000440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

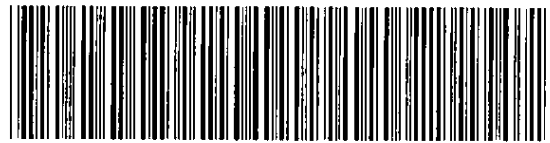
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/16/23--01014--019 **25.00

11/20/23--01010--008 **10.00

2023 JUN 16 10:17

MB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2023

MYRA HARRIS
5577 MENCRIEF RD
JACKSONVILLE, FL 32209

SUBJECT: BECAUSE WE CARE MINISTRIES, INC.
Ref. Number: N23000000440

We have received your document for BECAUSE WE CARE MINISTRIES, INC. and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

Please send in an additional \$10 so we can file your amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 623A00021128

623A00021128

Oct 30 2023

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

_____ 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.

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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- | | | | |
|--|----------|---------------------------------|-------|
| 1) <input checked="" type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>P</u> | <u>Myra HARRIS</u> | _____ |
| <input checked="" type="checkbox"/> Remove | | <u>Article VII HARRIS, Myra</u> | _____ |
| 2) _____ Change
_____ Add | _____ | _____ | _____ |
| _____ Remove | | | |
| 3) _____ Change
_____ Add
_____ Remove | _____ | _____ | _____ |
| 4) _____ Change
_____ Add
_____ Remove | _____ | _____ | _____ |
| 5) _____ Change
_____ Add
_____ Remove | _____ | _____ | _____ |
| 6) _____ Change
_____ Add
_____ Remove | _____ | _____ | _____ |

see p. 3 of 10-17

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Lined area for text entry.

2023 Jun 30, 2:10:17

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

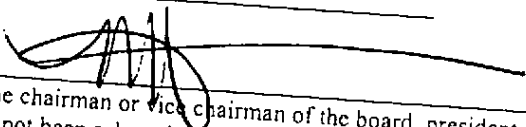
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 8/14/23

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)

MYRA HARRIS
(Typed or printed name of person signing)

President
(Title of person signing)

2024 (v. 3) 8.10