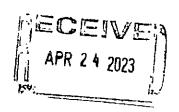
## N23000003737

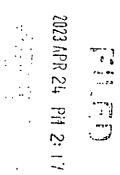




100407309791

04/25/23--01005--016 \*\*35.00





brund

JUL 1 4 2023 D CUSHING

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		LEVATION MINIST	RY CORP II			
DOCUMENT NUMBER:	N23000003737		_			
The enclosed Articles of Ar	nendment and fee are sub	omitted for filing.				
Please return all correspond	lence concerning this mat	ter to the following:				
Tanisa Scippio						
		(Name of Contact P	erson)			
Prosperity & Elevation Mir	nistry Corp II					
		(Firm/ Compan	y)		<u>-</u>	
15865 Lexington Park Blvc	i					
		(Address)		,		
Jacksonville, Fl 32218						
		(City/ State and Zip	Code)			
tanisa96@gmail.com						
	E-mail address: (to be use	d for future annual re	port notificatio	<u>n)</u>	···	
For further information con	cerning this matter, pleas	e call:			20	
Tanisa Scippio		at	904	405-5614	23 API	 د ا
	(Name of Contact Person		(Area Code)	(Daytime Tele	phone Number)	- P 2. 
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:	P.	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	2:17	 ن <u></u> -
Mailing	Address	C+-	root Addross			

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

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

Prosperity & Elevation Ministry Corp II

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

N23000003737					
(Docum	nent Number of Corporation	on (if known)			_
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida</i> a	Not For Profit Corpora	tion adopts the	: follo	wing
A. If amending name, enter the new name of the	e corporation:				
n/a				The	new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		porated" or the abbrevio	ition "Corp."		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A					
	<del></del> .				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)				<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered.		lorida, enter the name	of the	_   202	
new registered agent and/or the new register	Tanisa Scippio		( - <del></del>	A M	7,50
Name of New Registered Agent:	Tanisa Scippio			_ <u>===</u> _	:
				24	
New Registered Office Address:		(Florida street address)		PH 2	, , , , , , , , , , , , , , , , , , ,
		, F	lorida		
	(City)		(Zip Code)	<u> </u>	
New Registered Agent's Signature, if changing Follows I hereby accept the appointment as registered agen		accept the obligations of	f 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	PT John Do V Mike Jo SV Sally Sı	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<del></del>		
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ts, if necessary).		

	<del></del>					_	
					•		
	<u></u> _						<u> </u>
	<u>-</u>			_			
					<del>-</del>	· -	
	<del></del>	<u>_</u>			<u> </u>	<del> </del>	<del></del>
	<u> </u>						
					<del>.</del>		
						<u> </u>	
					<del></del>		
	_						
-						<u> </u>	
	<del></del> -				<u> </u>		
				· <u></u>			
	<del></del>	<del></del>			<del>.</del>		
	_					,	
			<del></del>			<del></del>	<del></del>
The date of each amendment date this document was signed	t(s) adoption: . l.	04/12/2023				,	if other than the
Effective date if applicable:	04/12/2023						
	(no	o more than S	00 days after am	endment file d	ate)		_
Note: If the date inserted in the document's effective date on t	nis block does r he Department	not meet the a	applicable statut cords.	ory filing requ	irements, this da	ate will not be	listed as the
Adoption of Amendment(s)	(4	CHECK ON	<u>E</u> )				
The amendment(s) was/w was/were sufficient for ap	vere adopted by	the member	s and the numbe	r of votes cast	for the amendm	nent(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.					
Dated 04/12/2023					
Signature Manise Ruffe					
(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)					
Tanisa Scippio					
(Typed or printed name of person signing)					
President/Registered Agent					
(Title of person signing)					