N 23000008489

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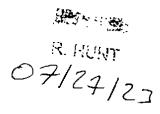
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ernational INC					
N23000008489 DOCUMENT NUMBER:	·		<u></u>			. <u>.</u>
The enclosed Articles of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Faith Abraham David Kandavalli						
	(Name of Contact Perso	n)				
	·	,			, 1	
	(Firm/ Company)				1	
545 S Oak Ave				(1905) (1905) (1905)	PH 7	
	(Address)					
Bartow, Florida, 33830				न्ग	σ	
	(City/ State and Zip Cod	le)				
praise@bridgetocare.org						
E-mail address: (to be us	ed for future annual report	notification	n)			
For further information concerning this matter, plea	se call:					
Faith Abraham David Kandavalli	50 at	9	5097927346			
(Name of Contact Person		rea Code)	(Daytime Tel	ephone	Numb	ег)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:			
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	· · · · · · · · · · · · · · · · · · ·	Certif Certif (Addi	O Filing Fee icate of Status ied Copy tional Copy is osed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

Bridge to Care International		•
(Name of Corporation as currently filed with the Florida D	ept. of State)	
N23000008489		
(Document Number	er of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
n/a		The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorpora	
B. Enter new principal office address, if applicable:	n/a	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:		63
(Mailing address MAY BE A POST OFFICE BOX)	n/a	
		27
		, i 1
		
D. If amending the registered agent and/or registered office	ce address in Florid	la enter the name of the
new registered agent and/or the new registered office a		<u>ul and un </u>
Name of New Registered Agent: 11/a		
New Registered Office Address:		(Florida street address)
n/a		
	(City)	, Florida (Zip Code)
	(0.19)	(Ep cons)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent:	ent the obligations of the position
I nereby accept the appointment as registered agent. I am jui	minut from and acce	p. the congunous of the position.
Si	gnature of New Reg	istered 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 D Y Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	Faith Abraham David Kandavalli	545 S Oak Ave Bartow, FL. 33830
Remove 2) Change Add			
Remove 3) Remove — Add — Remove			
4) Change Add			
Remove 5) Change Add			PM 7: 17
Remove 6) Change Add			
(attach additional she	eets, if necessary).	ticles, enter change(s) here: (Be specific)	

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		·			
The data of such amount(s) adoutions	n/a			:£	other than th
The date of each amendment(s) adoption: date this document was signed.				, 11	omer man m
n/a					
Effective date if applicable:					
(n	o more than 90 days after amendment file	e date)			
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing re of State's records.	quirements, this da	te will no	ot be lis	sted as the
Adoption of Amendment(s)	CHECK ONE)				
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes c	ast for the amendm	ent(s)		

Dated

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)

Praise Abraham

(Typed or printed name of person signing)

President/Director

(Title of person signing)

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

adopted by the board of directors.

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