Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

| **Ent | er | the | email | address | for | this | busin | ess | entity | to b | oe u | sed | for | fut | ur |
|-------|----|-----|-------|----------|-----|------|-------|-----|--------|------|------|-----|-----|-----|----|
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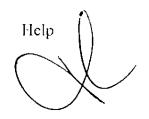
Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOWING FAITH INTERNATIONAL CORPORATION

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | ı |
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Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|--|---|--|
| SOWING FAITH II | NTERNATIONAL CORF | PORATION |
| DOCUMENT NUMBER: | | |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| N | dike Town | |
| | (Name of Contact Person |) |
| Legal: | zoom.com, Inc. | |
| | (Firm/ Company) | |
| 9900 | Spectrum Dr | |
| | (Address) | · · · · · · · · · · · · · · · · · · · |
| Aust | tin, TX 78717 | |
| | (City/ State and Zip Code | |
| guytresor@hotmail.com | | |
| E-mail address: (to be used | for future annual report n | otilication) |
| For further information concerning this matter, please | call: | ASSI |
| Mike Town | 800 at (| 773-0888 ext. 9724 de & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Co | de & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Depar | tment of State: |
| □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Divisior Clifton l | Address ment Section n of Corporations Building tecutive Center Circle |

Tallahassee, FL 32301

FILED

JZL NOV -7 AH 10: L3

Articles of Amendment Articles of Incorporation

| (Name of Corporation as currently filed with the F | Clorida Dept. of State) | |
|---|--|------------------------|
| 2400005439 | | |
| (Document Number of | Corporation (if known) | _ |
| suant to the provisions of section 617.1006, Florida State endment(s) to its Articles of Incorporation: | utes, this Florida Not For Profit Corporation adopts the | : following |
| If umending name, enter the new name of the corpora | ntion: | |
| | | _The new |
| ne must be distinguishable and contain the word "corpor ompany" or "Co," may not be used in the name. | ration" or "incorporated" or the abbreviation "Corp." | or "Inc." |
| Enter new principal office address, if applicable: | 4712 Blue Major Dr | |
| incipal office address MUST BE A STREET ADDRES. | Windermere, Florida 34786 | _ |
| | | _ |
| Enter new mailing address, if applicable: | | _ |
| (Muiling address MAY BE A POST OFFICE BOX) | 4712 Blue Major Dr | _ |
| | Windermere, Florida 34786 | _ |
| | | |
| If amending the registered agent and/or registered of new registered agent and/or the new registered office | lice address in Florida, enter the name of the | 25 25 58 |
| | | 24 NOV - 7 |
| Name of New Registered Agent: | | |
| | | |
| | (Florida street address) | SSC 🗩 |
| New Registered Office Address: | (Florida street address) | AH K SSEE, SSEE, |
| New Registered Office Address: (City | Florida | AHIO: C |

Page 1 of 4

To:

LegalZoom com, Inc.

(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 = ChiefExecutive 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>V</u> <u>Mil</u> | n Doc ke Jones ly Smith | |
|-----------------------------------|---------------------|-------------------------------|-----------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | D | Catherine Jones | 4712 Blue Major Dr |
| X Add | | | Windermere, FL, 34786 |
| Remove | | | |
| 2) X Change | PD | Tresor Mpenzi | 4712 Blue Major Dr |
| Add | | | Windermere, FL, 34786 |
| Remove | | | 4712 Blue Major Dr |
| 3) X Change | SD | Mikaela Purpura | |
| Add | | | Windermere, FL, 34786 |
| Remove | | | 4712 Blue Major Dr |
| 4) Change | TD | Joshua Mcpride Tylor | 4712 Blue Major Dr |
| X_Add | | | Windermere, FL, 34786 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

Page 2 of 4

To.

| If amending or adding additional Artication (attach additional sheets, if necessary). | (Be specific) | | | |
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Page 3 of 4

| Γh | The date of each amendment(s) adoption: 06/07/2024 late this document was signed. | | | | | | |
|----------|---|------|---------|--|--|--|--|
| | | | | | | | |
| Eff | (no more than 90 days after amendment file date) | | | | | | |
| Ad | option of Amendment(s) (CHECK ONE) | | | | | | |
| | The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval. | | | | | | |
| = | There are no members or members entitled to vote on the unendment(s). The amendment(s) was/were adopted by the board of directors. | | | | | | |
| | Dated 10 1081 2524 | | | | | | |
| | 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) | | | | | | |
| | Tresor Mpenzi | | | | | | |
| | (Typed or printed name of person signing) | | | | | | |
| | President | | | | | | |
| | (Title of person signing) | TALL | .024 NO | | | | |