N24000012178

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(Cit	y/State/Zip/Phone	⊋ #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Inc		
DOCUMENT NUMBER: N24000012178			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this man	tter to the following:		
Angie Finley			
	(Name of Contact P	erson)	
Liberty Tax			
	(Firm/ Compan	y)	
8720 SW Hwy 200 #7			
	(Address)		
Ocala FL 34481			
	(City/ State and Zip	Code)	
Angie@Angiefinleyfinancial.com			
E-mail address: (to be use	d for future annual rep	ort notification)
For further information concerning this matter, please	e call:		
Angie Finley	at	352	368-2207
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida I	Department of S	State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Div	ect Address condment Sectivision of Corpo c Centre of Ta	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CALM Ministries, Inc.

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(Name of Corporation as currently filed with the Florida Dept. of State) N24000012178 (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: 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: (Florida street address) New Registered Office Address: Florida (City) (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. Signature of New Registered Agent, if changing

and address of each (cers and/or Din Micer and/or D	ectors, enter the title and name of each	officer/director being removed and title, name,
(Attach additional shee			
		the first letter of the office title:	
P = President; V = Violation President; V = Violation President	e President; T=) = Chief Financ	Treasurer; S= Secretary; D= Director; T cial Officer. If an officer/director holds n	R = Trustee; $C = Chairman$ or $Clerk$; $CEO = Chief$ nore than one title, list the first letter of each office
Changes should be not a change, Mike Jones l Mike Jones, V as Remo	leaves the corpoi	ration, Sally Smith is named the V and S_{lpha} :	as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: X Change X Remove		un Doe ke Jones	
X Add		hy Smith	
Type of Action (Check One)	Title	Name.	<u>Addres</u> s
1) × Change	PT	Deborah Neal-Strickland	172/0 F.H 10
Add	* 1	Debotait Neat-Strickering	17260 E Hwy 40 Silver Springs FL 34488
Remove			
2) x Change	V	James Merthe	17260 E Hwy 40
Add			Silver Springs FL 34488
Remove			
3) Change Add			
Remove			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh	ling additional in eets, if necessary	Articles, enter change(s) here: v). (Be specific)	
Delara	h Sta	nickland is	the Pounder
Mahan	16	waldowd is	Han President
70400	- Mar	the letter 1	de Ducchel
Dologo	1/2/	1 1000	OT >
1 0		The state of the s	M (+1)

Deborah Strickland is the Founder and to of CACH Ministries Inc.	
and to of CACH Ministries luc.	
Telephone Number (352) 817-4574	
(352) 817-4514	
	_
	
	
	<u>_</u>
The date of each amendment(s) adoption: 10 20 2034 date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	c listed as the
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.

Dated	10/25/2024	
	Toologo d. Stickles A	7 (Tay of)
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)	Nethe
	Deborah Neal-Strickland	
	(Typed or printed name of person signing)	
	President / CEO	

(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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