

N96000002810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

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(Business Entity Name)

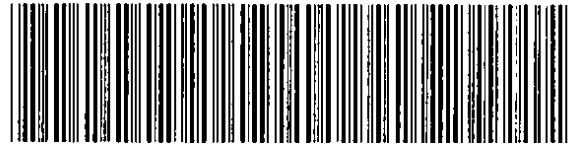
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08/21/2023

23 JUL 20 PM 5:59

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RAZOR SHARP MINISTRIES, INC.

DOCUMENT NUMBER: N96000002810

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAI SAMPSON

(Name of Contact Person)

RAZOR SHARP MINISTRIES, INC.
(Firm/Company)

3935 NW 185 STREET
(Address)

MIAMI GARDENS, FL 33055
(City, State and Zip Code)

mae@mae55.comcast.net

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

WHITTE RONES 305 634-7689
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$335 Filing Fee	☒ \$437.50 Filing Fee & Certificate of Status	\$437.50 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status, Certified Copy (Additional Copy is Enclosed)
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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

RAZOR SHARP MINISTRIES, INC.

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

906000028110

(Document Number of Corporation (if known))

Pursuant to the provisions of section 817.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendments 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:

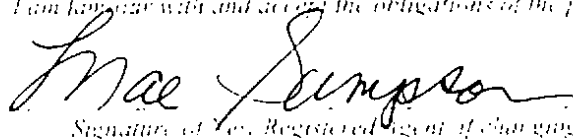
Name of New Registered Agent MALE SAMPSON
3935 NW 187 STREET

New Registered Office Address
MIAMI GARDENS
(City)

33055
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.


Signature of New Registered Agent (if changing)

23 JUL 20 PM 5:29

(attach additional sheets, if necessary) (See specification)

The date of each amendment(s) adoption: _____
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 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 06/26/2023

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)

MAE SAMPSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)