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TO: Amendment Section Division of Corporations

GRACE FO NAME OF CORPORATION:	UNDATION INTERNAT	TIONAL IN	iC		-
N98000004140 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee					
Please return all correspondence concerning t	his matter to the following	g:			
KEITH GREEN					
	(Name of Contac	et Person)			
	(Firm/ Comp	pany)			
4540 SOUTHSIDE BLVD SUITE 303					
	(Address	s)			
JACKSONVILLE, FL 32216					
4-	(City/ State and 2	Zip Code)			
RKGREEN7@AOL.COM					
E-mail address: (to	be used for future annua	l report not	ification)	
For further information concerning this matte	r, please call:				
KEITH GREEN		904 _ at		228-0071	
(Name of Contac		(Area	Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following amount	made payable to the Flori	ida Departr	nent of S	State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of		<i>:</i>	Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)	
Mailing Address Amendment Section		Street Ad Amendme		on	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

GRACE FOUNDATION INTERNATIONAL INC

(Name of Corporation as currently filed with the Flo	rida Dept. of St	ate)		
N98000004140				
(Document)	Number of Corp	oration (if know	1)	
Pursuant to the provisions of section 617,1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Not For Pr	ofit Corporation adopts th	e followin
A. If amending name, enter the new name of the cor	poration:			
				The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "i	ncorporated" or	the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)			
<u></u>	 ,			
			4-4	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>.</u>)			
				_
D. If any distribution of the state of the s		in Dhaida and	and the manus of the	~
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		<u>in rio</u> rida, ent	er the name of the	3 HA
Name of New Registered Agent:				\$
				<u>_</u>
		(Florida	street address)	3.
New Registered Office Address:				Ş.
			, Florida	3
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		and accept the	obligations of 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 f V Mike . SV Sally S	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u> -	Address
1) × Change Add	<u>C. P</u>	STEPHANIE K BELL	13810 SUTTON PARK DRIVE N JACKSONVILLE, FL 32224
Remove			
2) × Change Add	T, VP C	ROLAND K GREEN	4540 SOUTHSIDE BLVD #303 JACKSONVILLE, FL 32216
Remove 3) Remove X Add Remove	VC. CO	OTIS I. HOHIMER JR	135 SENSABAUGH HOLLOW RO CHRUCH HILL, TN 37642
4) Change X Add	S, VP	RICHARD CASTANO	387 CLIFTON BAY LOOP SAINT JOHNS, FL 32259
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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<u> </u>	
The date of each amendment(s) acdate this document was signed.	doption: MARCH 10, 2023 , if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.

are no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors.
MARCH 10, 2023 Dated
Signature Robert & Hulen
(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)
ROLAND K GREEN
(Typed or printed name of person signing)
TREASURER, CFO .