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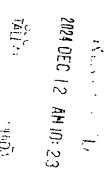
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FORT Myers	S MONTHLY MEETING OF THE RELIGIOUS F FRIENDS, INC.		
DOCUMENT NUMBER: ((A 99000			
The enclosed Articles of Amendment and fee are subt			
Please return all correspondence concerning this matte	er to the following:		
PAUL DAVIS			
	(Name of Contact Person)		
	(Firm/ Company)		
	(This Company)		
5530 HARBORAGE	DP.		
	(Address)		
_			
FORT MYERS, FL 339	908-4545		
	(City/ State and Zip Code)		
SCANLONEDIC OCHOIL	C() M		
SCANLONEPIC (P. G.MA:L. C E-mail address: (to be used	Hor future annual report notification)		
For further information concerning this matter, please	call:		
PAUL DAVIS	at 239 464 - 9849 (Area Code) (Daytime Telephone Number)		
(Name of Contact Person)			
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:  State:  State:  State:  State:  State:  State:  State:  Certified Copy  Certificate of Status	न्स् <del>या</del>	
Certificate of Status	(Additional copy is Certified Copy 22 cnclosed) (Additional Copy is Enclosed)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address Amendment Section	Street Address A property Section		
Division of Corporations	Amendment Section		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)
((( 499000004(24)))
(( H99000004624))) (Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) 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: 138 PINEBROOK DR
B. Enter new principal office address, if applicable: 138 PINEBROOK DR  (Principal office address MUST BE A STREET ADDRESS)  FORT MYERS, FL 33907-5966
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 138 PINE BROOK DR.
FORT MYERS, FL 33907-5966
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: PAUL DAVIS
SS30 HARBORAGE DIC (Florids street address)  New Registered Office Address:
FORT HYERS Florida 33908-454. (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am fapilitar with and accept the obligations of the position.
I hereby accept the appointment as registered agent. I am fapathar with and accept the obligations of the position.  Signature of New Registered Agent, if changing
Signature of New Registered Agent, if changing STA COT AH TO STATE OF THE STATE OF

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: XChange X Remove X Add	PT John I V Mike SV Sally S	Jones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		CAROLYN STANLEY	14093 HYSTIC SEAPORT WAY FORT MYERS, FL 33907- 5988
Remove  2) Change Add	<u>D</u>	FRANCIS B. SMITH, JR	14680 ESCALANTE WAY BONITA SPRINGS, FL 34135-8379
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Kemove			
6) Change Add			
Remove			—————————————————————————————————————
E. <u>If amending or addi</u> (attach additional she	ng additional Ar ets, if necessary).	ticles, enter change(s) here: (Be specific)	124 DEC 12 TALLAND
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		NONE	FL III
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The date of each amendment(s) add date this document was signed.				if other than the
Effective data if modification	12/08/200		انت المسرية توريخ	ā t
и аррисаріе:	(no more than 90 days	7 after amendment file date)		****
Effective date if applicable:  Note: If the date inserted in this bloc document's effective date on the Dep  Adoption of Amendment(s)	k door not most the analisate	do statutore filipe manifer e	東ズ 紹介	N [
document's effective date on the Dep	artment of State's records.	ne stannory ruing requiren	icins, this gate with the fi	be Herea as the
Adoption of A	CHECK OND		ST/	
Auoption of Amendment(s)	( <u>Uneuk One</u> )		LÆ	33

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 amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 13/10/2024
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)
(Typed or printed name of person signing)
SECRETARY

(Title of person signing)

2024 DEC 12 AM 10: 33
SEC LARY OF STATE
TALLAHASSEE, FL