

N12000008505

(Requestor's Name)

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Amend / AC

Nov 27 2020
ALBRITTON

Articles of Amendment
to
Articles of Incorporation
of

SHEKINAH'S CARE FACILITY, INCORPORATED

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

N12000008505

(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:

_____ *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**)*

11383 SW 232ND TERRACE

HOMESTEAD, FLORIDA 33032-6001

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

PO BOX 343066

FLORIDA CITY, FLORIDA 33034

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:

SABRINA NOTTAGE, PASTOR

11383 SW 232ND TERRACE

(Florida street address)

New Registered Office Address:

HOMESTEAD

(City)

Florida 33032

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>LAWANDA SAMUEL</u>	<u>648 NW 7TH STREET</u> <u>FLORIDA CITY, FL 33034</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>NATASHA JEAN</u>	<u>648 NW 7TH STREET</u> <u>FLORIDA CITY, FL 33034</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>TED GREER</u>	<u>648 NW 7TH STREET</u> <u>FLORIDA CITY, FL 33034</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>SABRINA NOTTAGE, PASTOR</u>	<u>PO BOX 343066</u> <u>FLORIDA CITY, FL 33034</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>VPD</u>	<u>VIVIAN NESMITH, MPA</u>	<u>PO BOX 343066</u> <u>FLORIDA CITY, FL 33034</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>TD</u>	<u>MARIAN F. MARTIN</u>	<u>PO BOX 343066</u> <u>FLORIDA CITY, FL 33034</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ARTICLE II - Principal place of business address: 11383 SW 232nd Terrace, Homestead, Florida 33032-6001

Mailing address of the corporation is: PO Box 343066, Florida City, Florida 33034.

ARTICLE III - The specific purpose for which this corporation is organized is: Said organization is organized exclusively

for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to

organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or

corresponding section of any future federal tax code. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. or

corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for public purpose. To provide a residential safe haven and healing environment to help restore and empower abused and neglected teen girls and adult women.

ARTICLE V - The name and Florida Street address of the registered agent is: Sabrina Nottage 11383 SW 232nd Terrace Homestead, Florida 33032-6001.

ARTICLE VI - The name and Florida Street address of the incorporator is: Sabrina Nottage 11383 SW 232nd Terrace Homestead, Florida 33032-6001.

ARTICLE VII - The initial officer(s) and /or director(s) of the corporation is/are: Title P Sabrina Nottage PO BOX 343066 Florida City, Fl 33034. Title VPD Vivian Nesmith PO BOX 343066 Florida City, Fl 33034. Title TD Marian F. Martin PO Box 343066 Florida City, Fl. 33034.

The date of each amendment(s) adoption: October 11, 2020, if other than the date this document was signed.

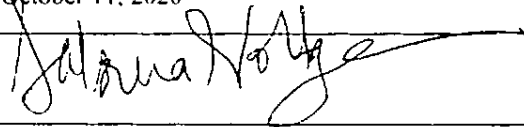
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 October 11, 2020


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)

Sabrina F. Nottage

(Typed or printed name of person signing)

President and Founder

(Title of person signing)