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PICK-UP W	AIT MAIL
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Certified Copies Cert	ificates of Status
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Special Instructions to Filing Offic	er:





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J DENNIS
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Share Life Christ	tian Counseling & Coaching
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Latinya Jones	
	(Name of Contact Person)
	(Firm/ Company)
PO BOX 681903	
	(Address)
Orlando, FL 32868	
	(City/ State and Zip Code)
sharelife.ce@yahoo.com	
E-mail address: (to be u	used for future annual report notification)
for further information concerning this matter, ple	rase call:
Latinya Jones	321-201-9247 at
(Name of Contact Pers	son) (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	& □S43.75 Filing Fee & □S52.50 Filing Fee BY Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Share Life Christian Counseling & Coaching N.	21000003293		
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statuto amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	follo	wing
A. If amending name, enter the new name of the corporat	ion:		
NA		_The	new
name must he distinguishable and contain the word "corpora." "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." o	or "In	
3. Enter new principal office address, if applicable:	NA		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NA	-	
		_	
	 -		
D. If amending the registered agent and/or registered office			
new registered agent and/or the new registered office a	ddress:		
Name of New Registered Agent: NA			
	(Florida street address)		
New Registered Office Address:	(CIOTAG MECEL BURIESN)		
	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair	Agent: miliar with and accept the obligations of the position.	21 يالاز	B1718
	2	<u>~</u>	·
Si	gnature of New Registered Agent, if changing	7 - 31:	
/	LEU Change	CD:	

If amending the Officers and/or Directors, enter the title and	d name of each officer/director being removed and title, nan
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 D V Mike Je SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	Latinya Jones	PO Box 681903 Orlando FL 32868
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			-
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

		
		
		
The date of each amendment(s) adopti date this document was signed.	on: 6/30/21	, if other than the
· · · · · · · · · · · · · · · · · · ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	

Dated	1
61	
Signature	- laun 2
	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)
	Lating Jones
	(Typed or printed name of person signing)

(Title of person signing)