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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Fellowship	of Believers, Inc.
DOCUMENT NUMBER: 751862	2
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter to	o the following:
Thomas A. Wilhoit	ame of Contact Person)
(8	ame of Contact Person)
Fellowship of Believers	,Inc.
,	(Firm/ Company)
3333 12th Street	
	(Address)
Sarasota FL 34237	
(C	ity/ State and Zip Code)
bookkeeping@fobfamily. C	? o m r future annual report notification)
For further information concerning this matter, please cal	
Thomas A. Wilhoit	at (941) 957-3333 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ple to the Florida Department of State:
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Fellowship of Believer	5, Inc.		
(Name of Corporation as current)	y filed with the Florida	Dept. of State)	
151862			
(Document Number	r of Corporation (if know	n)	
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Pr</i>	ofit Corporation adopts the	following
A. If amending name, enter the new name of the corporatio	n:		
N/A			_The new
N/A name must be distinguishable and contain the word "corporatio "Company" or "Co." may not be used in the name.	on" or "incorporated" of	the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A_		
-		<u> </u>	<u> </u>
-			_
C. Enter new mailing address, if applicable:	1// 1	7.7 7.7 (2) 7	· 2 - 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	- <u>V</u>	- F
-		ار - ار - مرابع	
	<u> </u>		<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		er the name of the	. 7
Name of New Registered Agent:	N/A		
	(Florida	street address)	
New Registered Office Address:			
	N/A	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	sgent: iliar with and accept the o	obligations of the position.	
	N/A	Agent, if changing	
Sign	nature 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	DV_	Nicholas Serino	3328 ToberoLane Sarasota FL 34235
2) Change Add	<u>55</u>	Dale Koch	5361 Myakka Valley Trail Sarasota FL 34241
Remove 3) Change Add Remove	<u>D</u>	Ramon Abalos	5021 33rd Street Ct E Bradenton FL 34203
4) Change	D	Pablo Aguilera	3826 Sarasota Golf Club Blva Sarasota FL 34240
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
N/A			
		- -	
	-		
· · · · · · · · · · · · · · · · · · ·			
		· <u>-</u>	
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		, <u>.</u>	

	e date of each amendment(s) ad e this document was signed.	option: <u>March 15, 2018</u>	, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the	ne amendment(s)
Ø	There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendmer rs.	nt(s) was/were
	Dated	19/19	
	Signature		
	have not bee	nan or vice chairman of the board, president or other offin selected, by an incorporator – if in the hands of a receive ppointed fiduciary by that fiduciary)	
		Prona Williost	
		(Typed or printed name of person signing)	
		Senior Poster	
		(Title of person signing)	