165505

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVERLETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Work of Corporations

DOCUMENT NUMBER: 76505

NAME OF CORPORATION: Wother 04 608 House of Crayer,	<u>~~</u>
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cecigleing (Name of Contact Person)	
(Name of Contact Person)	_
(Firm/ Company)	_
8359 Beacon Blod. (Address)	
(Address)	
For Myers FL 33907 (City/ State and Zip Code)	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is Enclosed)	
Mailing Address Amendment Section Amendment Section Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Mother of Good (Name of Corporation	House of Frey	25, \nc.
(Name of Corporation	n as currently filed with the Florida	Dept. of State)
\neg	65505	
(Docu	ment Number of Corporation (if known	1)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Pr	ofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
name must be distinguishable and contain the word	excect (anter,	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or reginew registered agent and/or the new register		er the name of the
Name of New Registered Agent:		*/*.
<u>New Registered Office Address</u> :		street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	22
I hereby accept the appointment as registered ager		obligations of the position.
-	Simultura of Nov. Ranietara	Lame it dereches

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)	Title	<u>Name</u>	Address
1) Change Add Remove	_5_	Donald Ruche	835a Beacon Blod FUEL Myces EC 35907
2) Change Add	_5_	was the warned	8359 Beacon Blue F+Men Fl
Remove 3)ChangeAdd	78	Judith Hecture-	53507 S350 Beccon Blod F+ Myers FL
4) Change Add			33407
Remove 5) Change Add			
Remove 6) Change Add Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
<u> </u>	- · · · · · · · · · · · · · · · · · · ·
	W.F.I.

	date of each amendment(s) adoption	1:	, if other than the
late	this document was signed.		
Offe	ective date <u>if applicable</u> :	8105 -1-01	·
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block document's effective date on the Departme	s not meet the applicable statutory filing requirements, this nt of State's records.	s date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
ΖĮ	The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amer	idment(s)
	There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was	is/were
	Dated Q 7		
		Ly Treas.	
	have not been sele	vice chairman of the board, president or other officer-if deted, by an incorporator — if in the hands of a receiver, trusted fiduciary by that fiduciary)	
		(Typisdor printed hame of person signing)	
		Treasurer	
		(Title of person signing)	