## M0000000 2961

(Re	questor's Name)	
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R. WHITE SEP 13 2018 2018 SEP 10 AM 9: 44

## COVER LETTER

## TO: Amendment Section

. Division of Corporations

Abundant Li NAME OF CORPORATION:	ife Fellowship Of O	eala, Inc.	
N00000002951			
DOCUMENT NUMBER:	_		
The enclosed Articles of Amendment and fee	are submitted for fi	lling.	
Please return all correspondence concerning the	nis matter to the fol	lowing:	
Lisa Sabatella			
	(Name of C	Contact Person)	
Abundant Life Fellowship of Ocala, Inc.			
	(Firm/	Company)	
PO Box 4498			
	(A	ddress)	
Ocala, FL 34478			
	(City/ State	e and Zip Code)	*-
Langiro157@gmail.com			
E-mail address: (to	be used for future	annual report notification	n)
For further information concerning this matter	, please call:		
Lisa Sabatella		352 at	299-5730
(Name of Contac	t Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the	e Florida Department of	State:
\$35 Filing Fee  \$43.75 Filing Certificate of		f Copy Certi nal copy is Certi d) (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Sec Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

ABUNDANT LIFE FELLOWSHIP OF OCALA, INC.		2018 SEP 10 AM 9: 42
(Name of Corporation as curren	tly filed with the Florida De	
N00000002951		SECRETARY OF STATE TALLAHASSEE. FL
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporat	ion" or "incorporated" or th	
"Company" or "Co." may not be used in the name.	1	,
D. Parker and administrative effect of the control	N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		<u> </u>
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office		he name of the
new registered agent and/or the new registered office a	<u>ddress:</u>	
Name of New Registered Agent: N/A	<del></del>	
	(Florida str.	est uddress!
New Registered Office Address:	12 350 4443 5171	act sade cony
		, Florida
<del>-</del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	A cromet	
I hereby accept the appointment as registered agent. I am fai		igations of the position.
	•	• •
Si	gnature of New Registered Ag	gent, 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	t Doe e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	Vickie Gabler	10620 SW 27th Ave #A14
Add			Ocala, F1, 34476
X Remove			
2) Change	<u>s</u>	Josephine Long	8880 SW 27th Ave #A3
X Add			Ocala, FL 34476
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

ttach additional sheets, if necessary).	(Be specific)
-	
-	

September 7, 2018 The date of each amendment(s) adoption:	, if other than the
late this document was signed.	n other man the
Meetive date if applicable:	
(no more than 90 days after amendment file date)	
<u>Sote:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no locument's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 September 7, 2018	
Signature Lisa Johatelle	
(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)	
Lisa Sabatella	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	