

NOA0000003121

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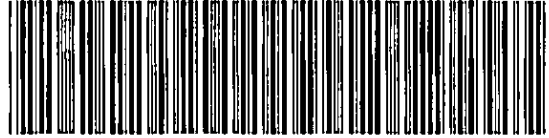
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUL -6 AM 9:47

FILED

JUL 06 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

ELIZABETH BYDALEK
ADDICTION RECOVERY FOR MEN
4816 N ORANGE BLOSSOM TRAIL
MT DORA, FL 32757

SUBJECT: SPIRIT OF LIFE MINISTRIES, ORLANDO, INC.
Ref. Number: N02000003929

We have received your document for SPIRIT OF LIFE MINISTRIES, ORLANDO, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

SPIRIT LIFE MINISTRIES, INC - N04000000540

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 318A00013749

COVER LETTER

TO: Amendment Section
Division of Corporations

Spirit of Life Ministries Orlando, Inc
NAME OF CORPORATION:

N02000003929
DOCUMENT NUMBER:

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Bydalek

(Name of Contact Person)

Spirit of Life Ministries

(Firm/ Company)

4616 N Orange Blossom Trl

(Address)

Mt. Dora, Florida 32757

(City/ State and Zip Code)

Consultorlando@gmail.com

(E-mail address (to be used for future annual report notification))

For further information concerning this matter, please call:

Elizabeth Bydalek

352

735-2001

at

(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

- | | | | |
|---|---|---|--|
| ☒ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copies enclosed) | ☐ \$57.50 Filing Fee, Certificate of Status & Certified Copy (Additional Copies enclosed) |
|---|---|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Citizen Building
2601 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Spirit of Life Ministries

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

Spirit of Life Ministries

(Document Number of Corporation as shown)

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 "association" or "corp" or "co." "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)

4816 N Orange Blossom Trl

Mt. Dora, Florida

32757

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4816 N Orange Blossom Trl

Mt. Dora, Florida

32757

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

Elizabeth Bydalek

4816 N Orange Blossom Trl

New Registered Office Address:

Mt. Dora, Florida

(City)

Florida 32757

(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 responsibility of the position.

Signature of New Registered Agent (if changing)

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TALLAHASSEE, FLORIDA

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; VP = 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 PCT and Mike Jones is listed as the S. There is a change: Mike Jones leaves the corporation, Sally Smith is named the S and S. There is no change as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe
☐ Remove S Mike Jones
☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☒ Remove	PCT	Ridgeway, Gary Pastor	6755 Oneida Dr Mt. Dora, FL 32757
2) ☐ Change ☐ Add ☒ Remove	Asso Pa	Ridgeway, Mildred	6755 Oneida Dr Mt. Dora, FL 32757
3) ☐ Change ☒ Add ☐ Remove	CEO	Bydalek, Elizbeth	4816 N Orange Blossom Trl Mt. Dora, FL 32757
4) ☐ Change ☒ Add ☐ Remove	CFO	Foreman, Stephen	4816 N Orange Blossom Trl Mt. Dora, FL 32757
5) ☐ Change ☒ Add ☐ Remove	Pastor	Camargo, Washington	4816 N Orange Blossom Trl Mt. Dora, FL 32757
6) ☐ Change ☐ Add ☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary. Be specific.)

7/5/2016

The date of each amendment(s) adoption:
date this document was signed.

(If other than 1/1/2016)

Effective date if applicable: 8/30/2016

(If more than 90 days after amendment(s) is adopted)

Note: If the date inserted in this block does not meet the applicable statutory filing date criteria, it is not to 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 7/6/2018

Signature

(By the chairman or vice chairman of the board, president or other officer-directors have not been selected, by an incorporator or in the hands of a notary public, or other court appointed fiduciary by that fiduciary)

Elizabeth Bydalek

(Typed or printed name of person signing)

CEO

(Title of person signing)