MO20000 3929

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashiese Line)
(Document Number)
Certified Copies Certificates of Status
Control of the Control
Special Instructions to Filing Officer:

Office Use Only



100325839801

03/12/19--01003--007 ++43.75

RECEIVED MAR 1 1 2019

2018 HAR II PH 4: 15

MAR 3.1 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

Spirit of Life Ministri NAME OF CORPORATION:	es, Orlando Inc			多多
N02000003929 DOCUMENT NUMBER:				19
The enclosed Articles of Amendment and fee are subn	nitted for filing.			
Please return all correspondence concerning this matter	r to the following:			•
Lisa Bydalek				
	(Name of Contact Pe	rson)		
Spirit of Life Ministries, Orlando Inc				
	(Firm/ Company)		
4816 N Orange Blossom Trl				
	(Address)			
Mt. Dora, Florida 32757				
	(City/ State and Zip C	Code)	•	
Lisa.bydalek@addictionrecovery4men.org				
E-mail address: (to be used	for future annual repe	ort notification	1)	<u>.</u>
For further information concerning this matter, please of	call:			
Lisa Bydalck	at _	321	200-3112	
(Name of Contact Person)		(Area Code)	(Daytime Telepl	hone Number)
Enclosed is a check for the following amount made pay	vable to the Florida D	epartment of S	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address		eet Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations			

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Spirit of Life Ministries, Orlando Inc		€.
(Name of Corporation as curren	ntly filed with the Florida Dept. of Stat	(c) \$\frac{1}{2}(\text{if } \text{TK})
N02000003929		一种
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the corporat	tion:	
Addiction Ministries, Inc		The new
name must be distinguishable and contain the word "corpord" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbrevi	
B. Enter new principal office address, if applicable:	4816 N Orange Blossom Trl	
(Principal office address MUST BE A STREET ADDRESS	Mt. Dora, Florida 32757	
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 offi new registered agent and/or the new registered office :		of the
Name of New Registered Agent:	N/A N/A	
New Registered Office Address:	(Florida street address)	
	(City)	lorida (Zip Code)
New Registered Agent's Signature, if changing Registered l hereby accept the appointment as registered agent. I am fa		f the position.
	NA	
	Signature of New Registered Agent, if ch	anging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 E V Mike I SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add Remove			
2) Change		N/A	
Add		. / a	
3) Change Add		N/A	
Remove		/ 0	
4) Change Add		N/A	
Remove		/ 2	
5) Change	-	N/A	
Add Remove			
6) Change		N/A	
Add			
Remove			

N/A
<i>N/.</i> / +

3/1/2019	
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	'A
tno more than 90 da	vs after amendment file date)
<u>Note:</u> If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and was/were sufficient for approval.	the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the radopted by the board of directors.	mendment(s). The amendment(s) was/were
Dated 03/05/2019	
Signature	
(By the chairman or vice chairman of the	board, president or other officer-if directors tor – if in the hands of a receiver, trustee, or fiduciary)
E Bydalek	
(Typed or pr	rinted name of person signing)
CEO	
	Title of person signing)