N05000000027

(Re	questor's Name)	* .
(Ad	dress)	
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(Cit	y/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Numb	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Sisters for Abundant Living Ministries, Inc.
DOCUMENT NUMBER: NO 500006627
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gardenia T. Bulluck (Name of Contact Person)
Sisters for Abundant Living Ministries, Inc. (Firm/ Company)
13449 SW 244h Street (Address)
Miramar, FL 33027 (City/ State and Zip Code)
(City/ State and Zip Code)
into D Sisters for abundant living. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kendra Major at 786-586-6840 (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: ### \$35 Filing Fee ### \$35.75 Filing Fee & ### \$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

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

Enclosed)

Articles of Amendment to

Articles of Incorporation

Sisters for Ahundant Liv	ing Ministries Inc. =	
(Name of Corporation as current	tly filed with the Florida Dept. of State)	71
Sisters for Abundant Liv (Name of Corporation as current NO 5 00 0006627 (Document Number	er of Corporation (if known)	F
(Document Numbe	er of Corporation (if known)	m
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporation	on:	ري 0
Sisters for Abundant Living	g Inc. The new	
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	<i>,</i>)	
	NA	
C. Enter new mailing address, if applicable:	1	
(Mailing address MAY BE A POST OFFICE BOX)		
	- N/A	
	·	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
Name of New Registered Agent:	/1	
name of the Registered Agent.	NA	
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent. I am fam	niliar with and accept the obligations of the position.	
	gnature of New Registered Agent, if changing	
Sig	gnature 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	PT John V Mike SV Sally	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove		-NH	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	WMI -		
6) Change Add Remove			

f amending or adding additional Articles, enter change(s) her attach additional sheets, if necessary). (Be specific)	
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date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	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 5/25/16	
Signature Jardinin Bullet	_
(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)	
Gardenia T. Bulluck	
(Typed or printed name of person signing) President	
(Title of person signing)	