10700006363

(Re	questor's Name)	
·	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u>-</u>
,	,	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		,

Office Use Only



400270385184

03/09/15--01014--023 **35.00

SECRETARY OF STATE
DEVISION OF CORPORATION

3/0/5

* COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LINCOLN	I MEMORIA	AL ACROPOLIS
DOCUMENT NUMBER: NO7000006	263	· ·
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Jessica Williams		
	(Name of Contact Person	n)
Lincoln Memorial Acropo	olis	
	(Firm/ Company)	
P. O. Box 472112		
	(Address)	
Miami, FL 33247		
	(City/ State and Zip Code	e)
williams.jessica36		
E-mail address: (to be used	•	notification)
For further information concerning this matter, please	call:	
Jessica Williams	, 786	520-0552 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 MAR -9 AM 8: 04

LINCOLN MEMORIAL		, Inc	5 MAN = 5 MI/ 5
N07000006263	uy meu with the Fi	orida Dept. of State)	
(Doc	cument Number of C	Corporation (if known)	
Pursuant to the provisions of section 617 amendment(s) to its Articles of Incorpora	.1006, Florida Statu tíon:	tes, this Florida Not For Profit Corp	poration adopts the following
A. If amending name, enter the new n	ame of the corpora	t <u>ion:</u>	
N/A			The new
name must be distinguishable and contai "Company" or "Co." may not be used in	n the word "corpord the name.	ntion" or "incorporated" or the abb	
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S)	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		P. O. Box 472112	
		Miami, FL 33247	
D. If amending the registered agent an new registered agent and/or the new	d/or registered offi v registered office :	ce address in Florida, enter the na	me of the
Name of New Registered Agent:	Jessica Wi	lliams	
		l6th Street	_
		(Florida street address)	_
New Registered Office Address			
	Miami	, Florida	33142
	(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered	Agent:	
I hereby accept the appointment as regist	ered agent. Lam fa	miliar with and accept the obligation	ns of the position.
	Signature of New	Registered Agent, if changing	

Page 1 of 4

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	<u>V</u> Mike	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	CHRISTIAN, MAE R DR.	4824 NW 15th Court
Add			Miami, FL 33142
XRemove			
2) X Change	<u>P</u>	Jessica Williams	3001 NW 46th Street
Add			Miami, FL 33142
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		AL THE	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
/A				
				
				·
		_	<u> </u>	
		-	 ;"	
····				
		· · · · · · · · · · · · · · · · · · ·		
			-	
		<u> </u>		
		<u></u>	-	 .
			 -	
		····		
				

The	e date of each amendment	(s) adoption: 03/01/2015	FILED	_, if other than the
date	this document was signed		SECRETARY OF STATE DIVISION OF CORPORATIONS	
Effe	ective date <u>if applicab</u> le:	03/01/2015		
		(no more than 90 days after amen	idment filk 5 (dhb)R -9 AM 8:04	-
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)		
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number oproval.	f votes cast for the amendment(s)	
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s) lirectors.). The amendment(s) was/were	
	Dated 03/0	03/2015		
	Signature	ession William	9	
	have n	chairman or vice chairman of the board, presi ot been selected, by an incorporator – if in the court appointed fiduciary by that fiduciary)	dent or other officer-if directors hands of a receiver, trustee, or	_
	Jessica	Williams		
		(Typed or printed name of person signin	g)	
	Preside	ent		
		(Title of person signing)		