## NO 7000 06263

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Lincold M	lemorial Acropalis, Inc.
DOCUMENT NUMBER: <u>NO70000</u>	
DOCUMENT NUMBER: 100 10000	
The enclosed Articles of Amendment and fee are subm	mitted for filling
Please return all correspondence concerning this matter	er to the following:
Pier A Hawkins	
	(Name of Contact Person)
Lincoln Memorial Acrop	O) 15, Iv., (Virm/Company)
3001 N.W. 46th Street	(Address)
Miami, FL 33146	(City/ State and Zip Code)
godisawe some 33054 @ Jahre	For future annual report notification)
For further information concerning this matter, please	call:
Pier A. Hawkins	at (229) 393-8046 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	
Mailing Address	Street Address
Amandaman Sagaram	Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Lincoln Memorial Acropulis;	Inc.	
(Name of Corporation as current	ly filed with the Floric	la Dept, of State)
N0700006263		
(Document Number	r of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statutes umendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporate	ion" or "incorporated"	or the abbreviation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.		gir
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		<u> </u>
		<u> </u>
		38 <u>3</u> 8
		TO A
7. Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)		
		57 6
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	e address in Florida, o ddress:	enter the name of the
Name of New Registered Agent:		
	.17	rrda street address)
New Registered Office Address:	(1-16	rica (1) ee: naar ess)
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fac-	Agent: niliar with and accept a	the obligations of the position.
	ignature of New Registo	red 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	V Mike	<u>Doe</u> g Jones g Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	TRI Sec.	Antonio J. Cope, SR	1335 Ali Baba Ave Apl 4 Bb
X Remove			CAR-Inka, FL 33054
2) Change Add	Sec.	Alex B. MEcay	3111 N.W. 135 St. Opa - locky FL 33057
Remove 3 ) Change Add			
Remove			
4) Change Add	<del></del>		
Remove			
Add			
6) Change	<del></del>		
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)		
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	date of each amendment(s) adoption: Dune 16, 2017
Effe	ective date if applicable:
	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
Ade	option of Amendment(s) (CHECK ONE)
122	The amendment(s) was/were adopted by the members and the number of votes east 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
	Signature Piar a Kaukins
	(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)
	Pier A Hawkins (Typed or printed name of person signing)
	Chief Financial Officer Treasurer (Title of person signing)