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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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Tallahassee, FL 32314

NAME OF CORPORATION: LIFE Recovery Council, Inc.				
DOCUMENT NUMBER: NO700000	6317			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:			
Robin W Josef				
	(Name of Contact	Person)		
LIFE Recovery Counci	I, Inc.			
	(Firm/ Compa	ny)		
14480 SW 41st Ave Ro	oad			
	(Address)		· · · · · · · · · · · · · · · · · · ·	
Ocala, FL 34473				
	(City/ State and Zip	Code)		
robinwjosef@gm	nail.com			
E-mail address: (to be used	for future annual re	port notific	ation)	
For further information concerning this matter, please	call:			
Robin W Josef	<sub>at</sub> 32	1 ,2	77-8807 Daytime Telephone Number)	
(Name of Contact Person)	(A)	rea Code &	Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida	Departmen	t of State:	
S35 Filing Fee	□\$43.75 Filing Fec Certified Copy (Additional copy enclosed)	is Co	52.50 Filing Fee ertificate of Status ertified Copy additional Copy is nclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	Street Address  Amendment Section  Division of Corporations  Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

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## Articles of Incorporation

of

LIFE Recov	very Council, Inc
(Name of Corporation as currently filed with the Flor	orida Dept. of State)
N070000	006317
(Document Number of Corpora	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	ion:
N	) (A
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	14480 SW 41st Ave Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	' <u>Ocela, Fl 34</u> 473
	, , , , , , , , , , , , , , , , , , ,
C. Enter new mailing address, if applicable:	. \ 1 .\
(Mailing address MAY BE A POST OFFICE BOX)	N I K
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:	N/A S S S S S S S S S S S S S S S S S S S
New Registered Office Address:	(Florida street address)
New Registered Office Address.	<b>26</b>
(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: miliar with and accept the obligations of the position.
$\sim$	tered Agent, if changing
Signature of New Registe	tered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove		<u>N/A</u>	
2) Change Add Remove		N/A	
3 ) Change Add Remove		<u>N/A</u>	
4) Change Add Remove	<del></del>	N/A	
5) Change Add Remove		<u>N/A</u>	
6) Change Add Remove		<u>,</u> <u>N/A</u>	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article III - LIFE Recovery Council, Inc. is organized exclusively for charitable,
religious educational, and scientific purposes, including, for such purposes, the
making of distributions to organizations that qualify as exempt organizations under section
501c3 of the Internal Revenue Code, or corresponding section of any future federal tax code.
Upon the dissolution of the organization, assets shall be distributed for one or more
exempt purposes within the meaning of section 501c3 of the Internal Revenue Code,
or corresponding section of any future federal tax code, or shall be distributed
to the federal government, or to a state or local government, for a public purpose.
Any such assets not disposed of shall be disposed of by a Court of Competent
Jurisdiction of the county in which the principal office of the organization is
then located, exclusively for such purposes or to such organization or organizations as said
Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: March 7, 2012
Effective date if applicable:
(no more than 90 days after amendment file date)
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 March 7, 2012 Signature Mount out
(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)
Robin W Josef
(Typed or printed name of person signing)
9 recutive Director
(Title of person signing)