NO7000006855

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C. LEWIS AUG 2 8 2013 EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Angels Ar	e Forever,I	nc
DOCUMENT NUMBER: NO700006	855	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Dianne Clark		
1	(Name of Contact Person	1)
Angels Are Forever, Inc.		
	(Firm/ Company)	
P.O. Box 1144		
	(Address)	
Bronson,FL.32621		
	(City/ State and Zip Cod	e)
angelsr44ever@y	ahoo.com	
E-mail address: (to be used		notification)
For further information concerning this matter, please	call:	
Dianne Clark	352	210-1151 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	artment of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Amen	Address dment Section on of Corporations
Division of Corporations	101717	

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

FILED

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Angels Are Forever, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State) N07000006855 (Document Number of Corporation (if known) Pursuant to the provisions of section 617 1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature 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, a	nd
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 V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change			 	
Add			-	
Remove				
2) Change				
Add				
Remove				
3) Change			**************************************	
Add				·
Remove				·
4) Change				**.
Add				
Remove				.
5) Change			•	
Add				
Remove				
6) Change				
Add		-		
Remove			•	

Am	ending Article III Section (A) (B) (C) (D)
del	ete wording : Single parents
cha	ange to: Elderly, Indigent and Homeless population
del	ete all of (A) (C) & (D) replace as listed below:
Sec	ction (A) should read:
To	be able to address the health and welfare of the Youth, Elderly
Ind	igent and Homeless Population, and those who have become disadvantaged i
the S	State of Florida. By helping them build character, instilling self-confidence, increasing
cultu	ural and spiritual awarness through education and services to improve their quality of life
Sec	ction (B) should read:
То	create projects, programs and activities for the
You	uth, Elderly,disadvantaged,Indigent and Homeless
por	pulation of our community. based on cultural and spiritual beliefs
Sec	ction (C) should read:
То	provide support to the Youth, Elderly, Indigent, disadvantaged population working
with	n existing projects and programs while creating individual programs t
fit t	heir needs for quality of life
Sec	ction(D):
То	provide regular and emergency food and basic living needs
to	those that have become disadvantaged;
You	uth, Elderly, Indigent and Homeless population of our community

The	he date of each amendment(s) adoption: August 19, 2013		if other than the
date	this document was signed		3 Figure Cont.
Effective date if applicable:		August 19, 2013	13 AUG 23 AM 9: 32
		(no more than 90 days after amendmen	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Ado	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 of vote proval.	es cast for the amendment(s)
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The lirectors.	e amendment(s) was/were
	Dated Aug	gust 19, 2013	
	Signature	Picuno Clouk.	
	have r	chairman or vice chairman of the board, president of not been selected, by an incorporator – if in the hand court appointed fiduciary by that fiduciary)	
	Di	anne Clark	
		(Typed or printed name of person signing)	
	Vio	e President	
		(Title of person signing)	