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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	rvices Ministries & Coun	iseling, Inc.	
DOCUMENT NUMBER: N08000006426			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
David Figueroa			
	(Name of Contact I	Person)	
Family Life Services Ministries & Counseling, I	Inc.		
	(Firm/ Compar	ny)	
345 West Oak Street			
	(Address)		
Kissimmee, FL, 34741			
	(City/ State and Zip	Code)	
dfigueroa8313@gmail.com			
E-mail address: (to be	used for future annual re	eport notificat	ion)
For further information concerning this matter, p	lease call:		
David Figueroa	a	321 at	591-1755
(Name of Contact Po			e) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida	Department of	of State:
S35 Filing Fee S43.75 Filing Fee Certificate of Sta	ee & S43.75 Filing Featus Certified Copy (Additional copy enclosed)	Cer is Cer (Ac	2.50 Filing Fee nificate of Status nified Copy Iditional Copy is closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address amendment Se Division of Co Hifton Buildin	rporations

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

Family Life Services Ministries & Counseling, Inc.		<u> </u>	
(Name of Corporation as curren	itly filed with the Florida	Dept. of State)	
N08000006426			
(Document Numb	oer of Corporation (if knows	n)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Pro	ofit Corporation adopts the following	
A. If amending name, enter the new name of the corporat	ion:		
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or	The new the abbreviation "Corp." or "Inc."	
"Company" or "Co." may not be used in the name	345 West Oak Street		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL. 34741		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	345 West Oak Street		
	Kissimmee, FL. 34741		
D. If amending the registered agent and/or registered office	ce address in Florida, ente	er the name of the	
new registered agent and/or the new registered office a	idaress:		
Name of New Registered Agent:			
345 West	Oak Street		
New Registered Office Address:	(Florida	street address)	
Kissimme	ce	, Florida 34741	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the i	obligations of the position.	
	ignature of New Registered	I down if champing	
3.	igitature oj ivew negistered	ngem, y 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	<u>V</u> Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Naine</u>	<u>Addres</u> s
1) X Change	Р	Alicia L. Heningburg	345 West Oak Street
Add			Kissimmee, FL. 34741
Remove			<del></del>
2) X Change	v	Arnold Heningburg	345 West Oak Street
Add			Kissimmee, FL. 34741
Remove 3) X Change	v	Adriana M. Castro	345 West Oak Street
Add			Kissimmee, FL. 34741
Remove			
4) X Change	CFOTS	David Figueroa	345 West Oak Street
Add			Kissimmee, FL. 34741
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
	<u> </u>			
<del></del>				
	<del></del>			

The	date of each amendmen	t(s) adoption:	, if other than the
date	this document was signed	l,	
		08/07/2019	
Eff	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	be listed as the
Ad	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
	08/07 Dated	7/2019	
	Signature	Licia Labelle Henridgeley	_
	have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Alicia LaSalle Heningburg		
	_	(Typed or printed name of person signing)	
	Pro	esident	
		(Title of person signing)	