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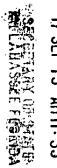
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17 SEP 13 AH II: 3:

SEP 15 2017

R. WEITE

Distribution of Corporations
NAME OF CORPORATION: Michael Hueston Fellowship
DOCUMENT NUMBER: N /2 00 000 7199
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Hu. eston
(Name of Contact Person)
Michael Hueston Fellowship Inc
2100 TrotterRd
(Address)
Largo FL 33774 (City/ State and Zip Code)
(City/ Didic and Zip/ Code)
michael-hueston Quahoo, com
E-mail address: (to be used for future annual report notification)  Unider Score  For further information concerning this matter, please call:
Michael Hueston at 1275/8/1465  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ \text{Certificate of Status} \\ \text{(Additional copy is enclosed)} \\ (Additional Copy is Enc
Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Į,

Articles of Amendment FILED	
Articles of Incorporation 17 SEP 13 AH 11: 33	
Michael Hueston Forman State  (Name of Corporation as currently filed with the Florida Dept. of State)	In
Name of Corporation as currently med with the Fibrida depictory  N 12 00000 7199	
(Document Number of Corporation (if known)	
rsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation:	
If amending name, enter the new name of the corporation:  The new	
me 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.	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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: MIChael Hueston	
New Registered Office Address:    Carra   Carr	4
(City) Florida 33774	!
ew Registered Agent's Signature, if changing Registered Agent:  sereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

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	PT         John             V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	I	Jean Hueston	2100 Troffer Ro
Add			Largo Fr
Remove		al la	33774
2) Change	<u></u>	N/H	
Add		•	<del> </del>
Remove		11/1	
3) Change		10//=	
Add		. (	
Remove		//	
4) Change		NA	
Add			
Remove			<u></u>
5) Change		IVA	
Add			
Remove		n 1 1/2	
6) Change	<del></del>	NIA	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
1					
,					

Th	he date of each amendment(s) adoption:	_, if other than the
dat	tte this document was signed.	
Efi	ffective date if applicable: 4-5-//	
	(no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not becoment's effective date on the Department of State's records.	oe listed as the
Ad	doption of Amendment(s) (CHECK ONE)	
A	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 $9-5-17$	
	Signature Michael Avestar	_
•	(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)	_
	Michael Hueston	
	(Typed or printed name of person signing)	
Ø	President	

(Title of person signing)