N13000	202386		
(Requestor's Name) Yvette & George Camargo 1619 NW 31 <sup>st</sup> Avenue Cape Coral, Florida 33993	100249727201		
(City/State/Zip/Phone #)	07/19/1301019012 **43.75		
Certified Copies Certificates of Status	<b>FILED</b> <b>13 JUL 19 AN ID: 11</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Office Use Only	C. LEWIS JUL 2 3 2013 EXAMINER		

**COVER LETTER** 

TO: Amendment Section **Division of Corporations** 

#### Ablehand Ministries Incorporated NAME OF CORPORATION

#### N13000002386 DOCUMENT NUMBER

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvette Camargo

(Name of Contact Person)

Ablehand Ministries Inc.

(Firm/ Company)

## 20261Huffmaster Road

(Address)

# North Fort Myers, FI 33917

(City/ State and Zip Code)

## ablehandministries@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### George A Camargo

(Name of Contact Person)

239 292-0353

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

**\$43.75** Filing Fee & **\$43.75** Filing Fee & S35 Filing Fee Certificate of Status Certified Copy (Additional copy is

**\$52.50** Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address Amendment Section **Division of Corporations** P.O. Box 6327 Tailahassee, FL 32314

Street Address Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

х — Р 1		
	s of Amendment to of Incorporation	FILED
Ablehand Ministries Incorcorated		13 JUL 19 AM 10: 11
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	SECRETARY OF STATE TALLAHASSEE. FLORIDA
N1300002386		FLORIDA
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(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 corporati	on:	
Ablehand Ministries Incorporated		The new
name must be distinguishable and contain the word "corporat <b>"Company" or "Co." may not be used in the name</b> .	ion" or "incorporated"	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable;	20261 Huffma	aster Road
(Principal office address <u>MUST BE A STREET ADDRES</u>	North Fort My	yers, FL 33917
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	20261 Huffma	aster Road
	North Fort My	yers, FL 33917
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		be obligations of the position

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Signature of New Registered Agent, if changing

Page 1 of 4

# It 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> <u>Mike</u>	Doc Jones Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Joseph Gonzales	8860 Salrose Lane
X Add			Fort Myers, FL 33912
Remove			
2) Change	D	Ursula Gonzales	8860 Salrose Lane
XAdd			Fort Myers, FL 33912
Remove			
3) Change		±	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove		Page 2 of 4	

		. (De speeg	<mark>change(s) her</mark> ?c)			
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Page 3 of 4

The date of each amendment(s) adoption: 07/13/2013			if other than the
date	this document was signed		<b>FILED</b>
Effective date if applicable:		07/15/2013	13.1111 10
		(no more than 90 days after amendment file date)	13 JUL 19 AM 10: 1 J SECRETARY OF STATE TALLAHASSEE, FLORIDA
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	STATE STATE
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for th	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendmend directors.	nt(s) was/were
	Dated 07/	14/2013	

 $\bigcirc$ Ъ Signature

. . .

(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)

### George A Camargo

(Typed or printed name of person signing)

#### Director

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i.

(Title of person signing)