N13000008881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300363982923

04/16/21--01012--005 **35.00

FILED
2021 APR 16 PM 7:01
SECRETARY OF STATE
TALLAHASSEE, FL

A. Butler

NCLL
NATIONAL CENTER FOR LIFE AND LIBERTY

PO Box 5076
Largo, FL 33779

888 233.NCLL (6255)
info@ncll.org
www.NCLL.org

April 13, 2021

VIA CERTIFIED MAIL

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: PAID IN FULL CHRISTIAN FELLOWSHIP

Dear Sir/Madam:

Enclosed please find Fictitious Name Cancellation for the above-referenced matter.

If you should have any questions, do not hesitate to contact me. Thank you.

Sincerely,
National Center for Life & Liberty

Carey L. Ugas
Paralegal
Office: (888) 233-6255
Direct: (727) 605-0129
Fax: (727) 398-3907
cugas@ncll.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PAID IN FULL MOTORCYCLE MINISTRY, INC

DOCUMENT NUMBER: PAID IN FULL CHRISTIAN FELLOWSHIP, INC.

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

Please return all correspondence concerning this matter to the following:

Carey Ugas
(Name of Contact Person)

NCLL
(Firm/ Company)

PO Box 5076
(Address)

S. Petersburg, FL 33779
(City/ State and Zip Code)

cugas@ncll.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carey Ugas at 727 605-0129
(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 ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2021 APR 16 PM 7:02

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

PAID IN FULL MOTORCYCLE MINISTRY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N13000009881

(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:**

PAID IN FULL CHRISTIAN FELLOWSHIP, INC.

The new 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

New Registered Office Address (P.O. Box or street 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

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, 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, i.e.

P President, VP Vice President, T Treasurer, S Secretary, D Director, BR Branch, C Chairman of the Board, 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 P, Treasurer, Mike Jones is listed as the V, Director, Mike Jones leaves the corporation & Sally Smith is named the V, and S. This should be noted as: John Doe PT, as a Change, Mike Jones V, as Removed, and Sally Smith SV, as an Add.

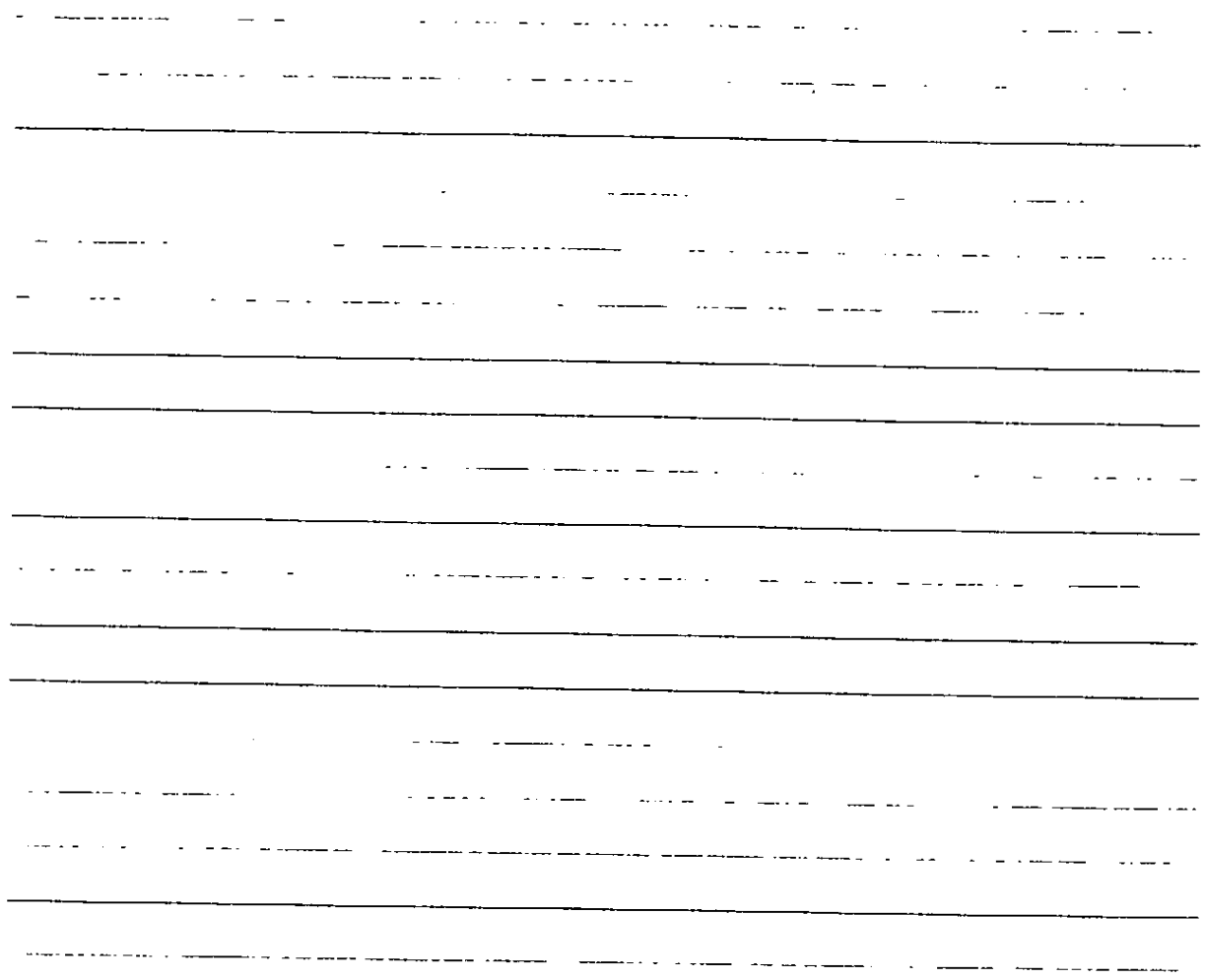
Example

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	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			

E. **If amending or adding additional Articles, enter change(s) here**

(attach additional sheets if necessary) (Be specific)



The date of each amendment(s) adoption: _____ if other than the date this document was signed

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ 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: 4/13/21

Signature: [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.)

Betsy Mata

(Typed or printed name of person signing)

Vice President

(Title of person signing)