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COVER LETTER

The same of the sa TO: Amendment Section Division of Corporations BELIEVE WITH ME INC NAME OF CORPORATION: _ N15000001859 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID G. REBACK (Name of Contact Person) BELIEVE WITH ME INC (Firm/ Company) 11456 US HWY 1 (Address) NORTH PALM BEACH, FL 33408 (City/ State and Zip Code) DAVID@BELIEVEWITHME.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID G. REBACK 313-7762 561 (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address**

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

BELIEVE WITH ME INC

	<u> </u>
(Name of Corporation as cui	rrently filed with the Florida Dept. of State)
N15000001859	•
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
N/A	The ne
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If any adding the project and a good and/or any interest	Consideration of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent:	
<u></u>	(Florida street address)
New Registered Office Address:	
N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	Dignature of from Registered figure, 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 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>Mil</u>	n Doe ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	AMANDA C. YANNOTTA	1473 VIA PRIVADA
X Add			JUPITER, FL 33477-7280
Remove	,		
2) Change	D	CHRISTOPHER T. GANNON	18064 TAYLOR RD
X Add			JUPITER, FL 33478-2213
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 (1)			
6) Change	· · · · · · · · · · · · · · · · · · ·		
Add			

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

		DECEMBER 28, 2016	
	date of each amendme this document was signe		_, if other than the
	ective date <u>if applicable</u>	DECEMBER 28, 2016	
	<u></u>	(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Ado	ption of Amendment(s	(CHECK ONE)	
	The amendment(s) was was/were sufficient for	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members adopted by the board o	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
	DE Dated	CEMBER 28, 2016	
	Signature0	David M. Reback	_
	have	he chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	1	DAVID G. REBACK	
	_	(Typed or printed name of person signing)	
	Ī	PRESIDENT	
	-	(Title of person signing)	