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COVER LETTER

TO: Amendment Section **Division of Corporations**

NEW BEGINNINGS TLC INC NAME OF CORPORATION:
N15000003388
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bonnie Lazarus
(Name of Contact Person)
New Beginnings TLC Inc
(Firm/ Company)
1019 Bradbury Rd
. (Address)
Winter Haven FL 33880
(City/ State and Zip Code)
Hava@astpa.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bonnie Lazarus 561-512-7677
(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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee 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 Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

New Beginnings TLC Inc (Name of Corporation as currently filed with the Florida Dept. of State) N15000003388 (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: NA 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. NA 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: NA Name of New Registered Agent: (Florida street address) New Registered Office 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 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>	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Francine K Rahe	718 N K Stret
x Add			Lake Worth FL 33460
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)						
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	e date of each amen this document was		ption:	, if other than the
Effe	ective date <u>if applic</u>	able:		
			(no more than 90 days after amendment file date)	
			k does not meet the applicable statutory filing requirements, this date will not artment of State's records.	t be listed as the
Adoption of Amendment(s)		ent(s)	(CHECK ONE)	
	The amendment(s) was/were sufficien		opted by the members and the number of votes cast for the amendment(s)	
	There are no membadopted by the box		ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated	05/19/2016		
		P	1	
	Signature	13	2/	
		have not been	nan of vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
		Bonnie La	azarus	
			(Typed or printed name of person signing)	
		VP		
			(Title of person signing)	