## M15000003388

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amend

## **COVER LETTER**

NAME OF CORPORATION: NEW BEGINNINGS TLC, INC.
DOCUMENT NUMBER: N15000003388
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAZARUS, BONNIE KOBLE, LELAND) (Name of Contact Person)
(Firm/ Company)
1019 BRADBURT RU
(Address)
WINTERHAVEN, FL 33880
(City/ State and Zip Code)
NEWBEGINMUGSTLC@GMAIL.COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LELAND KOBLE at (561) 214-004\$ (Area Code) (Daytime Telephone Number);
(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:
S35 Filing Fee

**Mailing Address** 

**TO:** Amendment Section

Division of Corporations

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

Ar	ticles of Incorporation	· · · · · · · · · · · · · · · · · · ·
	of	4
New Beginnings	TLC, Inc.	
(Name of Corporation as cu	rrently filed with the Flor	
N150000 3388		
	lumber of Corporation (if k	nown)
ursuant to the provisions of section 617,1006, Florida S nendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the followin
. If amending name, enter the new name of the corp	oration:	
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "incorporated	The new The abbreviation "Corp." or "Inc."
<ol> <li>Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u></li> </ol>	ESS)	
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
. If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name of the
Name of New Registered Agent:		
New Registered ()ffice Address:	(F)	orida street address)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		the obligations of the position.
<del></del>	Signature of New Regist	tered 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	PT         John I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	_D_	FRANCINE RAHE	718 N KST LAKE WORTH, FL 33460
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional	dding additiona sheets, if necesso	ny). (Be sp	ecific)						
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The date of each amendment(s) adoption:late this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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 JULY 20, 2017	
Signature LeCand De Soble	
(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)	
LELAND R. KOBLE (Typed or printed name of person signing)	
DP PRESIDENT (Title of person signing)	
(True or person signing)	