N1600000 7144

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(Ad	ldress)	
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PICK-UP	■ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
	Office Use Or	—
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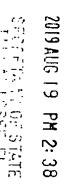
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COVER LETTER

TO: Amendment Section Division of Corporations In Recovery, Drume NAME OF CORPORATION: _ N160000001DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marla Stevenson (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) For further information concerning this matter, please call: Marla Stevenson
(Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ₩\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is

Enclosed)

Articles of Amendment

to

Articles of Incorporation of

Drums In Becovery I	nc				
(Name of Corporation as currently filed with the Florida Dept. of State)					
N16000007144					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 617.1006, Florida Sta amendment(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 corporation:					
	N/A The new				
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."				
B. Enter new principal office address, if applicable:	1918 Bear Lake Road				
(Principal office address MUST BE A STREET ADDRE	33) Apopka FL 32703				
C. Enter new mailing address, if applicable:	41.10				
(Mailing address MAY BE A POST OFFICE BOX)	1418 Bear Lake Road				
	Apopka FL 32703				
	<u> </u>				
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offi					
Name of New Registered Agent:	MARLA STEVENSON				
New Registered Office Address: [1]	(Florida street address)				
	On PKa Florida3 2 70.3° City 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.					
marla Atwerson					
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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>T</u>	183 D = = 173	Toda Dovecote Dr. Columbo FL 32810
2) X Change Add	P	Mada Steverson	1418 Reachalle CA Apoplia Fl 32733
Remove 3) Change Add		Fran Conti	1500 Bula Dr
Remove 4) Change Add	7	7-6 D 39125	132 N Lake Are. 400ph2 =1 32712
Remove 5, Change Add	<u></u>	Temiter Almen	Gasselberry TL 30757
Remove 61 Change Add	<u> </u>	Sparrie Widerman	55 5 5500 F. 56500 = 2 3885
Remove			

E. If amending or adding additional (attach additional sheets, if necessar		
TYPES! Title		Aadress:
1) _ change D	Theresa Berrios	Address: 3 Red Clover Ln.
X Add		Palm Coast FL 32/6
_Remove		
8) _ change S	- Anna Jones	255 Spring Lake Hills
X Add		255 Spring Lake Hills Altamonte Springs, FL
hernove		
9) change	Carrie Bailey	1027 McKinnon Ave
X Add	J	Oviedo FL 32765
Remove		
16) Add		· · · · · · · · · · · · · · · · · · ·
- HEMOUP	·	
1/4/10/4		

The date of each amendment(s) adoption: \(\frac{\partial s f P_0}{2} \)	, if other than the
date this document was signed.	
Effective date if applicable: FXIE	
(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.	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 Hugher 14, 2019	
Signature 1111112 This 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)	
(Typed or printed name of person signing)	
l'asident	
(Title of person signing)	