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PICK-UP	MAIT	MAIL
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(Bu	siness Entity Name	e)
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JUN 1 3 2017 S. YOUNG



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	New River Fellowship ON:	p, INC.			
	N17000001205				
DOCUMENT NUMBER:	<del> </del>				
The enclosed Articles of Am	nendment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Michael Veitz					
<del></del>	(	Name of Contact I	Person)		
New River Fellowship, INC					
		(Firm/ Compar	ıy)		
408 NE 6th Street, #139					
		(Address)			
Fort Lauderdale, FL 33304					
	(	City/ State and Zip	Code)		
mveitz@newriverftl.com					
E	E-mail address: (to be used	for future annual re	port notificat	tion)	
For further information cond	erning this matter, please c	eall:			
Michael Veitz		а	954 ut	204-4587	
	(Name of Contact Person)		(Area Cod	e) (Daytime Teleph	one Number)
Enclosed is a check for the f	following amount made pay	able to the Florida	Department	of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fed Certified Copy (Additional copy enclosed)	cis Ce (Ac	2.50 Filing Fee rificate of Status rtified Copy dditional Copy is aclosed)	

## **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 River Fellowship, INC.						_
(Name of Corporation N17000001205	as current	ly filed with the Florida Dept. of St	<u>ate</u> )			
(Docum	ient Numbe	r of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes	, this <i>Florida Not For Profit Corpor</i>	ation adopts	the fo	ollowi	ng
A. If amending name, enter the new name of the N/A	corporatio	on:				
name must be distinguishable and contain the word		ou" on Ginconnected" on the abbum	ilation "Com		The ne	
"Company" or "Co." may not be used in the name		on or incorporated or the above	чанон Согр	ı. Ur	Inc	
B. Enter new principal office address, if applicat	ble:	408 NE 6th Street, #139, Fort Laude	rdale, FL 333	104		
(Principal office address <u>MUST BE A STREET Al</u>	DDRESS )					
	-					_
						_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30 <u>X</u> )	408 NE 6th Street, #139, Fort Laude	rdale, FL 333	304		
			است جاج	4.3	<b>-</b>	
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			<u></u>	· · · ·	<u> </u>	
D. If amending the registered agent and/or regis			e of the		င်	1
new registered agent and/or the new registere	ea omce aa N/A	<u>idress:</u>	-		12.	,
Name of New Registered Agent:			<u>-</u>	<u>5</u>	(O	_
	N/A		E Tra	5,	9	
	<del></del>	(Florida street addres	<u>s)</u>			
New Registered Office Address:						
	408 NE 6tl	h Street, #139	3330 Florida	)4		
•		(City)	(Zip Code)			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			of the position	2 <b>n</b> .		
_						
_	Sis	enature of New Registered Agent. if c	hanging			<del>.</del>

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	$\underline{\mathbf{v}}$ $\underline{\mathbf{v}}$	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
X Change	PD	Michael Veitz	408 NE 6th Street, #139
Add			Fort Lauderdale, FL 33304
Remove			·
2) Change			
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
` Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

<ul> <li>If amending or adding additional Article         (attach additional sheets, if necessary).</li> </ul>	(Be specific)	- <del></del>		•	
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N/A '				•	
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٠,	•	N/A	
	date of each amendment this document was sign	ned.	, if other than the
r <b>ff</b> e	ective date <u>if applicabl</u>	N/A	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	п пррисав	(no more than 90 days after amendment file date)	
		n this block does not meet the applicable statutory filing requirements, this date will not in the Department of State's records.	be listed as the
Adoption of Amendment(s)		s) ( <u>CHECK ONE</u> )	
	The amendment(s) was was/were sufficient fo	s/were adopted by the members and the number of votes cast for the amendment(s) rapproval.	
	There are no members adopted by the board	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	Ju Dated	ne 1, 2017	
	Signature	Milan I Vit	<del></del>
	hav	the chairman or vice hairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
		Michael Veitz	
		(Typed or printed name of person signing)	
		President & Director	
		(Title of person signing)	