MMWD00501A

(F	Requestor's Name)	
	Address)	,
	Addisə	
(/	Address)	
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
	Dunia and Entite Mana	
(8	Business Entity Name)	•
(1	Document Number)	
Certified Copies	Certificates of	f Status
		
	 	 -
Special Instructions	to Filing Officer:	

Office Use Only



100309283021

02/20/18--01031--010 **35.00

18 FEB 20 PM 2: 32

LECTOR 1/20 AC MIGHT

FEB 21 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Special Needs 4 Life Inc N17000005012 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: Elizabeth Bourer Russell (Name of Contact Person) (Firm/ Company) 1211 Bermuda Street (Address) dahou. CM l'address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup\$43.75 Filing Fee & B\$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 Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Pocial Needs 4 Life Tric

(Name of Corporation as currently filed with the Florida Dept. of State)

N1700005012

(Document Ni	imber of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this <i>Florida</i>	Not For Profit Corpo	ration adopts the follo	wing
A. If amending name, enter the new name of the corpo	ration:			
			The	new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "inco	rporated" or the abbre	eviation "Corp." or "I	nc."
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)			
			2	<u></u>
			2	833
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7	3 21
(Maining address MAT BE A FOST OFFICE BOA)				
			화 - · · · · · · · · · · · · · · · · · ·	
				Ÿ
				—ç.;
D. If amending the registered agent and/or registered of		Florida, enter the nan	ne of the	, -
new registered agent and/or the new registered office	ee address:			
Name of New Registered Agent:				
			-	
		(Florida street addre		
New Registered Office Address:		() III AM SI CEL CAMP	o.iy	
	(City)		, Florida /Zip Code)	
	((211))		(2.1p Code)	
New Registered Agent's Signature, if changing Register				
hereby accept the appointment as registered agent. I am	n familiar with and	l accept the obligation:	s 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	V Mik	a Doe e Jones y Smith		0		
Type of Action (Check One)	Title	<u>Name</u> Elizabe	th Alexandro	13auen Addres	s	i
1) Change	P.D.T			- 121 Close	1 Bermud VWake, P	a Steel t
Add Remove						
2) Change	PDT	Elizabe	th BAUER	RUSSEL	L 11 7 .	
Add Remove		(name cl	th BAUTR hange-mar	riage <u>)</u> Cl	Larwater	PL 33757
3) Change						
Add						
4) Change Add		- -				
Remove						
5) Change					-	
Add						
6) Change						
Add						
Remove						

. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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.	be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 <u>2/15/18</u>	
Signature ERauer Purall	_
(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)	
Elizabeth Baner Russell	
(Typed or printed name of person signing)	

Director President Treasurer
(Title of person signing)