## N18000001011

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
John Cannata			
(	Name of Contact Per	rson)	
The Chapel			1
	(Firm/ Company)	)	
5 Lakeside Dr			
	(Address)		
Ocala FL 34482			
(	City/ State and Zip C	Code)	<del>.</del>
jcannata1985@gmail.com			
E-mail address: (to be used	for future annual rep	ort notification	1)
For further information concerning this matter, please of	call:		
Jen Cannata		352	804-1520
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida D	Department of	
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div The	eet Address endment Secti ision of Corpo e Centre of T 5 N. Monroe	rations

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

THE CHAPELTOCALA, INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)
NIS	8000001011
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:
name must be distinguishable and contain the word "co	The new orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX	<u>Y</u> )
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	
<u> </u>	
New Registered Office Address;	(Florala street address)
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	
i nereoy accept the appointment as registerea agent t	l am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	Signature of them the gistere a rigeru, 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 = Che Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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. The 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 Chamike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) Change Add	treasurer	Layna Kight	6421 NW 12TH ST OCALA, FL 34482
x Remove  2) Change Add	D	Hobic Kight	6421 NW 12TH ST.OCALA, FL. 34482
* Remove 3) Change  * Add  Remove	Treasure	Debbie Jacinto	3512 Island Walk Circle Naples FL 34119
4) Change Add	<del></del>		
Remove 5) Change Add	· <del></del>	<del></del>	
Remove 6) Change Add			
E. If amending or addin (attach additional sheet	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	

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	8-20-20			
The date of each amendment(s) adoption date this document was signed.	:		,	, if other than
Effective date if applicable:				
()	no more than 90 days	after amendment fü	le date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicab			will not 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.

Dated 10-9-20	
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)	
John Cannata	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.