## N19000001605

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GEL MINISTRIES OF S	SPRING HILL IN	C	
N190000 DOCUMENT NUMBER:	001605			
The enclosed Articles of Amendmen	t and fee are submitted for	or filing.		
Please return all correspondence cond	cerning this matter to the	following:		
TIMOTHY S FOGARTY				
	(Name	of Contact Persor	1)	
ANGEL MINISTRIES OF SPRING	HILL INC			
	(Fi	rm/ Company)	-	
16125 SHADY HILLS RD				
		(Address)		
SPRING HILL, FL 34610				
	(City/ S	State and Zip Code	:)	
FÓGARTYBUSINESSSOLUTIONS	@GMAIL.COM			
E-mail add	lress: (to be used for futt	ire annual report r	notification	)
For further information concerning th	is matter, please call:			
TIM FOGARTY		352 at		3462322
(Name of	'Contact Person)		ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to	the Florida Depa	rtment of S	State:
■ \$35 Filing Fee □\$43.75 Certif	icate of Status — Certil	ied Copy itional copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Street 2	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

ANGEL MINISTRIES OF SPRING HILL INC (Name of Corporation as currently filed with the Florida Dept. of State) N19000001605 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" 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 ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_\_ Florida \_\_ (City) (Zip 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,

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>e</u>	<u>Addres</u> s
1) Change Add	7	_ KEV	/IN BULLIS	6230 CALIFORNIA STREET BROOKSVILLE, FL 34604
Remove				
2) Change Add		- <del></del> -	<u> </u>	
Remove				
4) Change Add		<del>.</del>		
Remove				
5) Change Add				
Remove				
6) Change Add				<del></del>
Remove				
E. If amending or addin (attach additional sheet	g additio	nal Articles, e ssary). (Be s	nter change(s) here: pocific)	
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The date of each amendment(s) adoption: date this document was signed.	9/8/2021	, if other than the
Effective date if applicable:		
(1)	to more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be at of State's records.	e listed as the
Adoption of Amendment(s) (	(CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
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)  TIMOTHY S FOGARTY
(Typed or printed name of person signing)
TREASURER
(Title of person signing)