N19 000000 2064

(Requestor's Name)
(Address)
(Address)
((ddiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2020

MARLA COPELAND ESTY P O BOX 2066 HIGH SPRINGS, FL 32655

SUBJECT: CONSIDER THE LILIES THRIFT SHOP INC

Ref. Number: N19000002064

We have received your document for CONSIDER THE LILIES THRIFT SHOP INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

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Letter Number: 920A00003078

COVER LETTER

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

CONSIDER THE NAME OF CORPORATION:	LILIES THRIFT S	HOP INC	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following	:	
	MARLA COPELA	AND ESTY	
	(Name of Contact	Person)	
ABC, LI	LC DBA EASY TA	X AND ACCOL	INTING LLC
	(Firm/ Comp	any)	
	18467 NW HWY	441, SUITE 70	
	(Address)	
	HIGH SPRINGS	6, FL 32643	
	(City/ State and Z	ip Code)	
	ASYTAX@WIND		
E-mail address: (to be use		report notification	n)
For further information concerning this matter, pleas	se call:		
MARLA COPELAND ESTY		386 at	454-8959
(Name of Contact Person	on)		(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florid	la Department of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certi: y is Certi: (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sectorial Division of Corp The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

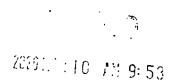
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		LILIES THRIFT SH	IOP INC	
	N19000002064			
DOCUMENT NUMBER:				<u> </u>
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this mat	ter to the following:		
		MARLA COPELA	ND ESTY	
		(Name of Contact I	Person)	
	ABC, LL	C DBA EASY TAX	AND ACCOU	INTING LLC
		(Firm/ Compar	ıy)	
		18467 NW HWY 4	41, SUITE 70	
		(Address)		
		HIGH SPRINGS.	FL 32643	
	<u> </u>	(City/ State and Zip	Code)	
	E	ASYTAX@WINDS	TREAM.NET	
	z-mail address: (to be use	d for future annual re	port notificatio	n)
For further information con	cerning this matter, pleas	e call:		
MARLA COPELAND ES	ΤΥ	я	386 .t	454-8959
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing A	Address	<u>S</u> (treet 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



CONSIDER THE LILIES THRIFT SHOP INC

(Name of Corporation as currently filed with the F	lorida Dept. of State)
N19000002064	
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	Chaide
_	(City) , Florida
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered 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 A Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	-	-	
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
Upon dissolution of this Corpor	ration, all a	ssets shall be distributed for one more charitable or exempt purpo	ses
within the guidance and meani	ng of section	on (c)(3) of the Internal Revenue Code, or the corresponding secti	on of any
future federal tax code, or shall	l be distribi	uted to the federal government or to a state or local government to	r public
purposes or use. Any such ass	ets not so	disposed of, such be disposed of by Court of Competent Jurisdict	on of the
county in which the principal of	ffice of the	Corporation is then located, exclusively for such nurposes or to su	ch

organized and operated exclusivel	ly for such charitable or exempt purposes.	 _
		
		
The date of each amendment(s) ado date this document was signed.	ption: FEBRUARY 20,2019	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this cartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amenda	ment(s)

. . .

adopted by	o members or members entitled to vote on the amendment(s). The amendment(s) was/were the board of directors. Ited 3-5-2000
Sig	gnature (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)
	CYNTHIA SORLEY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)