N2000000842

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COVER LETTER

TO: Amendment Section Division of Corporations

Support After Abortion, Inc. NAME OF CORPORATION:
N20000000842 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisa Rowe
(Name of Contact Person)
Support After Abortion Inc.
(Firm/ Company)
2528 Hobblebrush Dr.
(Address)
North Port, Fl 34289
(City/ State and Zip Code)
operations@supportafterabortion.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Rowe 941 468-6148
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
■ \$35 Filing Fee

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address 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

Support After Aportion, Inc.	·	
(Name of Corporation as currently filed with the Flo	rida Dept, of State)	
N20000000842		
(Document)	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, office address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F)	lorida street uddress)
- -		Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	stered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Regist	tered 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	PT John I V Mike SV Sally S	Jones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	<u>T</u>	Martha L. Mahoney	930 Gibbs Rd. Venice, FL 34285
x Remove			
2) Change Add	<u>T</u>	Erik Popham	830 N. River Rd. Venice, FL 34293
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		rticles, enter change(s) here: (Be specific)	
_		1991	
		<u> </u>	

	•	
		
-		
		
		<u>.</u>
		
		
	7/22/2020	if other they the
the date of each amendment(s) adoption: _ date this document was signed.		if other than the
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

Date	9/22/2020
Sign	nature (By the chairman or vice chairman of the board, president or other officer-if directors
C	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	Janine Marrone
	(Typed or printed name of person signing)

(Title of person signing)