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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section **Division of Corporations** Kecovery Connections of Central Florida, INC. NAME OF CORPORATION: N2000001028 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: George Margoles Preserve Terrace
(Address) RECEIVED 2022 MAR 14 PM 12: 07 Gmargoles (gmail.Com
E-mail address: (to be used for future annual report notification) SECRETARY OF STATE TALLAHASSEF, FI For further information concerning this matter, please call: George Wargoles at (407) 670-9295
(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

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

Articles of Incorporation

(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 Doc 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 Doc, 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 5	Jones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	1	Brandy Iappolo	120 Stone Post Rd Longwood, Fl 32779
Remove 2) Change Add	<u> </u>	Frank Van Gonners	14408 Dolcimer Ct Walando, Fl 32837
Remove 3) Remove Add Remove			
4) Change Add	·		
Remove			
5) Change Add			
Remove			
6) Change Add		 	
Remove			
E. If amending or additional sheet	ng additional Ar ets, if necessary).	ticles, enter change(s) here: (Be specific)	

		
		
		
		
		
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The date of each amendment(s) ad date this document was signed.	loption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not l partment of State's records.	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes east for the amendment(s)	

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were poard of directors.
Dated	<u> </u>
Signatu	re //.///
Ť	(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)
	George Margoles
	(Typed or printed name of person signing)
	Executive Director
	(Title of person signing)