

JUN 22 2020
S. YOUNG



2020 JUN 10 PM 11:37

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2020

SAMANTHA LINDSEY
RECOVER YOUR LIFE MINISTRIES INC
7540 WIMPOLE DRIVE
NEW PORT RICHEY, FL 34655

SUBJECT: RECOVER YOUR LIFE MINISTRIES INC
Ref. Number: N20000003174

We have received your document for RECOVER YOUR LIFE MINISTRIES 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):

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

NOTHING IS ADDED BELOW IN #E

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 220A00010993

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RECOVER YOUR LIFE MINISTRIES, INC.

DOCUMENT NUMBER: N20000003174

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha Lindsey
(Name of Contact Person)

RECOVER YOUR LIFE MINISTRIES, INC.
(Firm/ Company)

7540 WIMPOLE DR.
(Address)

NEW PORT RICHEY , FLORIDA 34655
(City/ State and Zip Code)

floridacationproperties@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Lindsey at 727-277-6874
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

RECOVER YOUR LIFE MINISTRIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000003174

(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:

N/A

The new 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

2020 JUN 18 AM 7:15

FILED

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>S</u>	<u>Dale White</u>	<u>7540 WIMPOLE DR.</u>
<input type="checkbox"/> Add			<u>NEW PORT RICHEY,</u>
<input checked="" type="checkbox"/> Remove			<u>FLORIDA 34655</u>
2) <input type="checkbox"/> Change	<u>S</u>	<u>Ben Kelter</u>	<u>7540 WIMPOLE DR.</u>
<input checked="" type="checkbox"/> Add			<u>NEW PORT RICHEY,</u>
<input type="checkbox"/> Remove			<u>FLORIDA 34655</u>
3) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Samantha Lindsey</u>	<u>7540 WIMPOLE DR.</u>
<input type="checkbox"/> Add			<u>NEW PORT RICHEY,</u>
<input type="checkbox"/> Remove			<u>FLORIDA 34655</u>
4) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>LISA G. HENRY</u>	<u>1726 OTTO LANE</u>
<input type="checkbox"/> Add			<u>HUDSON</u>
<input type="checkbox"/> Remove			<u>FLORIDA, 34667</u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

PLEASE ADD ARTICLES IX, X, AND XI BELOW

Changes to be made are as follows:
Remove - Dale White

ADD - Ben Kelter as Secretary (Title)

Change - Samantha Lindsey to President (Title)

Change - Lisa G Henry to Treasurer (Title)

The date of each amendment(s) adoption: 5/8/20, if other than the date this document was signed.

Effective date if applicable: 5/8/20

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated

5/8/20

Signature

Samantha Lindsey

(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)

Samantha Lindsey

(Typed or printed name of person signing)

President

(Title of person signing)