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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO		nsitional Shelter & Se	rvices Inc.	
DOCUMENT NUMBER: _		120000006199		
DOCUMENT NUMBER: _				
The enclosed Articles of Amo	endment and fee are sub-	nitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
		Teysha Jones		
		(Name of Contact Pe	rson)	·
		Same As Above		
		(Firm/ Company)	
		1301 NW 4th Stre	et	
		(Address)		
		Fort Lauderdale FL 3	33311	
		(City/ State and Zip (Code)	
	Li	ifelinewomen.info@g	mail.com	
E-	mail address; (to be used	for future annual rep	ort notification	1)
For further information conce	erning this matter, please	call:		
	Sherry Vertil	at	954	709-0484
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pa	yable to the Florida L	Department of	State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is esed)
Mailing Ac	idress	Str	eet 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

Lifeline Women Transitional Shelter & Services Inc 23 5: 44

(Name of Corporation as currently filed with the	<u>e Florida L</u>	ept. of State)		
	N200	00006199		
(Docun	nent Numb	er of Corporation (if knowl	n)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For Pr</i>	ofit Corporation adopts the	following
A. If amending name, enter the new name of the	e corporati	on:		
Li	feline Tran	sitional Services Inc.		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or		
B. Enter new principal office address, if applica	hle	N/A		
(Principal office address MUST BE A STREET A				
			· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)	N/A		
D. If amending the registered agent and/or registered agent and/or the new register			er the name of the	
	N/A			
<u>Name of New Registered Agent:</u>				
		(Florida	street address)	
New Registered Office Address:		(, 10, 100	sir(C) address/	
	N/A		. Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I	}eøistered	Agent:		
l hereby accept the appointment as registered agen	t, I am far	niliar with and accept the	obligations of the position.	
-		A CM D	A	
	Sig	gnature of New Registered	Agent, if changing	

(CHECK ONE) Adoption of Amendment(s)

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 13/17/30					
Signature 12.00-00 Donco					
(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)					
Teysha Jones					
(Typed or printed name of person signing)				
Board President					
(Title of person signing)					