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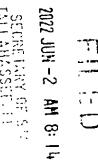
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SW. REL ANGELS Non. Profit Inc.
DOCUMENT NUMBER: N 2100001(281
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elinet Radriguez (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
1012 Michael All
(Addicas)
Lehigh Acres FL. 33936 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 239-363-5214 (Area Code) (Daytime Telephone Number)
(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 \$\tag{\$43.75 Filing Fee & Certificate of Status}\$ Certificate of Status
Mailing Address Amendment Section Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations

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

Articles	of Incorporation
I weet Angels No	n- Profit elnc.
(Name of Corporation as currently filed with the Florida D	ept. of State)
N21000016	81
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
	NA The new
name must be distinguishable and contain the word "corporati	on" or "incorporated" or the abbreviation "Corporar "Inc."
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	N# 20 00
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	T.
C. Fatanana mailine adduses if anniisebles	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W.A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
new registered agent and/or the new registered office ac	intess.
Name of New Registered Agent:	INET NOW I LLEZ
1012	Michael Ave
<u></u>	(Florida street address)
New Registered Office Address:	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Llh	ACKES, Florida 33436
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	A gont:
I hereby accept the appointment as registered agent. I am fan	
	11. \$\times\$
	enature of New Resistered Agent, if changing
	mainte of New Nextstered 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	lones		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change Add	T-D	Miguel A.	Leon	1012 Michael Ave Telup Lores g 3393
2) Change Add				
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or additional she		ticles, enter change(s) here: (Be specific)		
			NA	

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		5-27-	7)	
The date of each amendment(s) adopt	tion:	0 0 / =		if other than t
date this document was signed.			_	
Effective date if applicable:		5-27-2	2	
Effective date <u>if appreadic.</u>	(no more than 90 a	lays after amendment	file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the app tment of State's record	licable statutory filing ds.	g requirements, this dat	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
Δ				
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members ar	nd the number of vote	es cast for the amendme	ent(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated5-22
Signature
(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)
Flinet Lody Wez
(Typed or printed name of person signing)
\mathscr{S}
(vesident

(Title of person signing)