121000014573

(Rec	questor's Name)
(Add	iress)	
(Add	dress)	<u> </u>
(City	//State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)
Certified Copies	Certificate	s of Status
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		J. HORNE OCT 16 2024





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COVER LETTER

TO: Amendment Section Division of Corporations

**

NAME OF CORPORATION: Aycha	ingel Charitable Foundation, Inc.
DOCUMENT NUMBER: 121000	14573
The enclosed Articles of Amendment and fee are submi	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
april Canno	
()	(Name of Contact Person)
Archangel Charital	ble Foundation Inc.
<u> </u>	(Firm/ Company)
29 S. Brooksville	Avenue
	(Figure 12)
Brooksville A. 34	HOI
april-bville@gnail.	<u>com</u>
For further information concerning this matter, please c	call:
April Cannon (Name of Contact Person)	at 352-200-937 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
XI \$35 Filing Fee ☐\$43.75 Filing Fee & ☐ Certificate of Status	S43.75 Filing Fee & S2.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

Articles of Amendment to

		to		
	Articles	of Incorporation	2321.65	10 =
		of	4944 SE.	18 Pil 12: 28
Archangel Charit	able	foundation,	Inc.	
(Name of Corporation as currently filed with the	Florida D	ept. of State)	•	•
N21000014573				
(Docum	ent Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	s, this Florida Not For Profit	Corporation adopt	s the following
A. If amending name, enter the new name of the	<u>corporati</u>	on:		
NA				The new
name must he distinguishable and contain the word		ion" or "incorporated" or the	abbreviation "Cor	
"Company" or "Co." may not be used in the name		. 1		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		NIA		
(Trincipul Office address MCST III. A STREET A	DDKL33)			
			· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:		NIA		
(Muiling address MAY BE A POST OFFICE I	<u>30X</u>)	<u> 14 14 </u>		
D. If amending the registered agent and/or regis	tered offic	e address in Florida, enter th	ie name of the	
new registered agent and/or the new registere	ed office a	ddress:		
Name of New Registered Agent:	Jel	ffre Basic	19a	
	1403	(Capital Drive)	
	(>	~ρ <u>>,</u> Α. 33.613 Floring stree	udderssi	
New Registered Office Address:		Ç. 1		
		g~0.5	, Florida	3613
•	<u>`</u>	(Citv)	, Florida <u> </u>	<u> ()</u>
		•	•	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			rations of the positi	lar
The coy decept me appointment as regimered age in		$\bigcap I_1 \bigcap$		
		(1.10 - 1	ALL	_
-	Sis	mature of Tex Rogistered Age	ent if changing	
		11611	, 88	

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>Ps</u>	Gary E. Schraut	9860 Deningo Drive Brooksville, Fl. 3460
Remove 2) Change Add	P	Jeffrey J. Basiaga	14031 Capitol Dive Trumpa, Fl. 331013
Remove 3) Change Add Remove	D	Jodi V. Shinn	9860 Domingo Dive Brooksville, Fl 34601
4) X Change Add	<u>DS</u>	april Cannon	13479 Letani Drisc Broxsvilly F134614
Remove 5) Change Add			
Remove 6) Change Add			
Remove F. If amending or additional sheet additional sheet to the she		icles, enter change(s) here: (Be specific)	

\
The date of each amendment(s) adoption: 9/13/2024 if other than the date this document was signed. Effective date if applicable: 9/13/2024 (no more than 90 days after amendment file date)
Effective data if conficiently 9/13/2024
(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.

M	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 9/13/2024
	Signature (Ipul ana
	(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)
	april Cannon
	(Typed or printed name of person signing)
	Director
	(Title of person signing)