

N2400000/2932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

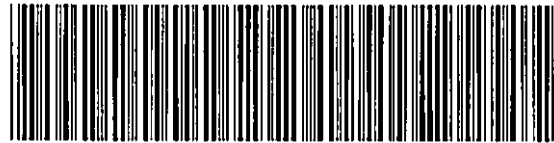
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**LIGHT PATH LAW, P.A.**

December 5, 2024

**SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Tracking No.:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

This office represents Barns of Grace Fellowship, Inc., a Florida Not-for-Profit Corporation. Enclosed please find the following as it relates to same:

- A completed Articles of Amendment for a Florida Not for Profit Corporation; and
- A check in the amount of \$35.00 made payable to the Florida Department of State for processing of the application.

If there is any problem or concern, please contact me at the phone number or email listed below. Thank you.

Best regards,

**LIGHT PATH LAW P.A.**

Lindsay A. Compton  
Enclosures as indicated  
cc: Client

CHURCH LAW \* BUSINESS LAW \* EMPLOYMENT LAW \* LITIGATION

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Office: 2069 First Street, Suite 100, Fort Myers, FL 33901 \* Mailing: Post Office Box 1013, Fort Myers, FL 33902

E-mail: [lcompton@lightpathlaw.com](mailto:lcompton@lightpathlaw.com)

Phone: 239.689.8481 \* Fax: 239.294.3930

Website: [www.lightpathlaw.com](http://www.lightpathlaw.com)

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Barns of Grace Fellowship, Inc.

DOCUMENT NUMBER: N24000012932

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

Please return all correspondence concerning this matter to the following:

Lindsay A. Compton, Esq.

(Name of Contact Person)

Light Path Law, P.A.

(Firm/ Company)

2069 First Street, Suite 100

(Address)

Fort Myers, FL 33901

(City/ State and Zip Code)

lcompton@lightpathlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay A. Compton, Esq.

(Name of Contact Person)

at (239)

689-8481

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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  
to  
Articles of Incorporation  
of

Barns of Grace Fellowship, Inc.

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

N24000012932

(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

*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

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida N/A

(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.*

N/A

*Signature of New Registered Agent, if changing*

2011 DEC 11 AM 7:17  
FLORIDA DEPT. OF STATE  
CORPORATION

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	P, D	Zabdiel N. Arrenas-Montanas	15880 Summerline Road, Fort Myers, FL 33908  15880 Summerlin Road
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	P, D	Zabdiel N. Arenas Montero	Suite 300, Box 207 Fort Myers, FL 33908
<input type="checkbox"/> Remove 3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP, D	Joanne P. Klare	15880 Summerlin Road Suite 300, Box 207 Fort Myers, FL 33908
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	C, D	Lonnie Stewart, Jr.	15880 Summerlin Road Suite 300, Box 207  Fort Myers, FL 33908
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			

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

N/A

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[illegible]

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 11 / 21 / 2024

Signature Joanne P. Klare

(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)

Joanne P Klare  
(Typed or printed name of person signing)

VP, D  
(Title of person signing)