N9600000000031

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800368712698

06/23/21--01019--010 **35.00

21.WX 23 AX 9 #5

J DENNIS JUL 24 2021

COVER LETTER

TO: Amendment Section Division of Corporations

FAITH TABER NAME OF CORPORATION:	RNACLE FELLOWSH	IIP, INC 	
N96000005031 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this	matter to the following	<u>;</u> :	
CARL SCHMIDT 111			
	(Name of Contac	et Person)	
	(Firm/ Comp	pany)	
310 COUNTRY BLVD			
	(Address	;)	<u>.,</u>
KISSIMMEE, FL 34741			
	(City/ State and 2	Zip Code)	
SKIPFAITH8888@GMAIL.COM			
E-mail address: (to be	e used for future annua	l report notificati	on)
For further information concerning this matter, p	olease call:		
CARL SCHMIDT 111		407 _ at	6194464
(Name of Contact P		(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Flor	ida Department (of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of \$ta	e & S43.75 Filing latus Certified Copy (Additional coenclosed)	Property Cert py is Cert (Ad-	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)
Mailing Address Amendment Section		Street Address Amendment Se	

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

FAITH TA	BERNA	ICLE_	FELLO	NSHIP.	100	<u>م</u> د
(Name of Corporation as currently filed with the	e Florida Dept. o	of State)				_
Nalanni	DDD 503					
(Docum	nent Number of C	Corporation (if known)			_
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this	S Florida No	t Før Profit Co	<i>rporation</i> adopts th	e follov	ving
A. If amending name, enter the new name of th	e corporation:					
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		or "incorpor	ated" or the al	breviation "Corp."	The i or "In	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>						
C. Enter new mailing address, if applicable:		-			·-	
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)				_	
					_	
D. If amending the registered agent and/or reginew registered agent and/or the new register			ida, enter the	name of the		
Name of New Registered Agent:	CARL SCHMII					
	310 COUNTRY	′ BLVD 		·		
New Registered Office Address:			tFlorida street a	ldressr		
	KISSIMMEE	Λ		. Florida 34741		
	(C)	(iv)		(Zip Code)		
New Registered Agent's Signature, if changing	Registered Agen	<u>u</u> //				
I hereby accept the appointment as registered agei	u. I am familiar	with find acc	rept the obligat	ions of the position.		er:
-	Signatu	re of New Re	gistered Agent,	if changing	_ 5 5	
	•	•	•		.##: 2	
					(,)	
					T1:	
					ငှာ က	
					Ün	

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	<u>V</u>	ohn <u>Doe</u> Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	CARL SCHMIDT	310 COUNTRY BLVD KISSIMMEE, FL 34741
x Remove			
2) Change Add	<u>D</u>	CARL SCHMIDT III	310 COUNTRY BLVD KISSIMMEE, FL 34741
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		al Articles, enter change(s) here: sary). (Be specific)	
			
		=	
	<u></u>		

				.
				
			<u> </u>	
			-	
<u> </u>		_		
			<u></u>	
		 -		<u>-</u>
The date of each amendment(s) adoptio date this document was signed.	n: 06/18/2021		···-	if other than the
Effective date if applicable: 06/18//202	l			
Enecure date <u>n applicante</u> .	(no more than 90 days o	after amendment file de	ate)	•
Note: If the date inserted in this block document's effective date on the Department.	es not meet the applicab ent of State's records.	le statutory filing requi	irements, this date will no	t be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	oard of directors. 06/18/2021
Signatu	(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)
	CARL SCHMIDT 111
	(Typed or printed name of person signing)
	D
	(Title of person signing)