765309

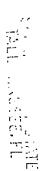
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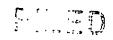
TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ional Health Planning Council.	Inc.	
765309 DOCUMENT NUMBER:			
	1 10 10 01		
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Yolanda Falcone			
	(Name of Contact Perso	n)	
Broward Regional Health Planning Council, Ir	nc.		
	(Firm/ Company)		
200 Oakwood Lane, Suite 100			
	(Address)		
Hollywood, Fl. 33020			
	(City/ State and Zip Cod	le)	
YFalcone@BRHPC.org			
E-mail address: (to)	be used for future annual report	notification)	
For further information concerning this matter,	please call:		
Michael De Lucca	95 at	4	561-9681
(Name of Contact		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Dep	artment of S	tate:
☐ \$35 Filing Fee ☐ \$43.75 Filing F Certificate of S	-	Certific Certifie	onal Copy is
Mailing Address Amendment Section		Address Iment Sectio	on

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Broward Regional Health Planning Council, Inc.

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				<u> </u>	
(Name of Corporation as currently filed with the	Florida D	ept. of State)		
765309				IALL.	in deelfi
(Docum	ent Numbe	r of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florid</i> e	a Not For Profit	Corporation ado	pts the following
A. If amending name, enter the new name of the	corporati	on:			
N/A					The new
name must he distinguishable and contain the word "Company" or "Co," may not be used in the name		ion" or "inco	orporated" or the	abhreviation "C	
B. Enter new principal office address, if applical	ble:	N/A			
(Principal office address MUST BE A STREET A)					
			··		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X</u>)	N/A			
		-			
D. If amending the registered agent and/or regis	tered offic	e address in	Florida, enter tl	he name of the	
new registered agent and/or the new registere	ed office ac	idress:			
Name of New Registered Agent:	Yolanda F	alcone			
	200 Oakw	ood Lane, Su	ite 100		
			(Florida stree	et address)	
New Registered Office Address:					
	Hollywood	i		Florida (Zip Co	3020
		(City)		(Zip Co	de)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	tegistered . t Lam fan	Agent: ullar with an	d accept the oblig	gations of the pos	sition.
	Yfala	uda -	talcene	/	
			w Registered Age	nt, 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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>T</u>	Mark Dissette	6630 NE 21 Lane Fort Lauderdale, FL 33308
x Remove			
2) Change Add	<u>P</u>	Michael De Lucca	200 Oakwood Lane, Suite 100 Hollywood, FL 33020
Remove 3) Change	<u>T</u>	Alex Fernandez	200 Oakwood Lane, Suite 100 Hollywood, FL 33020
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
Amending Article II. Pur	poses to align with	n BRHPC's By-Laws under Section 3. Purpos	<u>e</u>
Article II, Purposes			
To develop and provide h	ealth and human	service innovations at the national, state, and	I local level through planning, direct
services, evaluation, and o	capacity building.		

<u>, </u>	
	
	_
The date of each amendment(s) adoption: May 8, 2014	, if other than the
date this document was signed.	, it outer than the
May \$ 2014	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes east 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.
May 8, 2014 / /
Dated
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)
other court appointed aductary by that (iductary)
Michael De Lucca
Shehaet De Checa
(Typed or printed name of person signing)
President

(Title of person signing)