N03000010924

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 OCT -3 AM 9:41

PS 10/3/07
Amend/NC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2007

AGENCY OF SICKLE CELL DISEASE, LAKE/SUMTER CHAPTER INC.
ATTN: ROSEMARY M DENT
33335 SHWAN DR, APT #96
LEESBURG, FL 34789

SUBJECT: AGENCY OF SICKLE CELL DISEASE, LAKE/SUMTER CHAPTER INC.
Ref. Number: N03000006924

We have received your document for AGENCY OF SICKLE CELL DISEASE, LAKE/SUMTER CHAPTER INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please have the document signed by an officer or director and include the title of the person signing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 907A00047347

RECEIVED
07 AUG 14 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AGENCY OF SICKLE CELL DISEASE, LAKE/SUMTER CHAPTER INC.

DOCUMENT NUMBER: N03000006924

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

Please return all correspondence concerning this matter to the following:

DENT, ROSEMARY M
(Name of Contact Person)

AGENCY OF SICKLE CELL DISEASE, LAKE/SUMTER CHAPTER INC
(Firm/ Company)

33335 SHAWN DRIVE, APT # 96
(Address)

LEESBURG FL 34789 US
(City/ State and Zip Code)

For further information concerning this matter, please call:

DENT, ROSEMARY M at (352) 728-8949
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2007 OCT -3 AM 9:41

Articles of Amendment
to
Articles of Incorporation
of

AGENCY OF SICKLE CELL DISEASE, LAKE/SUMTER CHAPTER INC.

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

N03000006924

(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:

NEW CORPORATE NAME (if changing):

LUPUS/SICKLE CELL DISEASE OUTREACH OF CENTRAL FL INC.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

ARTICLE 111 PURPOSE: TO EDUCATE, INFORM, AND GENERATE A CLEARING HOUSING OF INFORMATION

& CONNECT WITH COMMUNITY SERVICE PROVIDERSID TARGET MARKETS, DEVELOP A COMMUNITY RESOURCE/RELATIONS

ORGANIZATION TO MEET THE HEALTH, SOCIAL AND WHOLISTIC NEEDS OF THOSE AFFECTED BY THESE DISEASES AND THEIR FAMILIES

PROVIDING EMERGENCY ASSISTANCE, ON-SITE TESTING AND TREATMEMT AND FOLLOW UP, COUNSELING, WORKSHOP AND ON-SITE MEAL GATHERING

public education and information, patient education, professional education, and advocacy.

advocacy. Chapters provide support to people with lupus, their families, and health care professionals free patient education programs

ARTICLE V INITIAL DIRECTORS/OFFICERS

Title D PEAY, MARY D, 1527 Herring Lane CLERMONT FL 34713

Title D KIRNES, MARY L 1056 BLUEGRASS DR GROVELAND FL 34736

Title D DENT, ROSEMARY 33335 SHAWN DRIVE, APT # 96 LEESBURG FL 34789

ARTICLE VI PEAY, MARY D , 1527 Herring Lane, CLERMONT FL 34713, ARTICLE VII DENT, ROSEMARY 33335 SHAWN DRIVE, APT # 96 LEESBURG FL 34789

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 6/292007

Effective date if applicable: 6/29/2007
(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 was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Rosemary Dent / Mary Peay
(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.)

Rosemary Dent / Mary Peay
(Typed or printed name of person signing)

Director/Founder / ASST Director Community LIA
(Title of person signing)

FILING FEE: $35