

N23672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

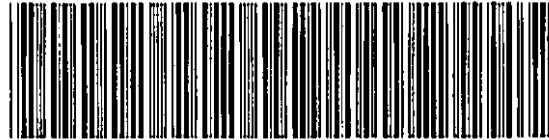
(Document Number)

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PM 5:29  
2021 OCT 25 PM 2:29  
SERIALIZED  
OCT 25 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 25 AM 11:10

October 14, 2021

CHARMAINE GATLIN  
1500 NW 12TH AVENUE  
SUITE 1117  
MIAMI, FL 33136

SUBJECT: JACKSON HEALTH FOUNDATION, INC.  
Ref. Number: N23672

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If you wish to change the name, please list the new name in section "A".

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) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 421A00025097

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JACKSON HEALTH FOUNDATION

DOCUMENT NUMBER: N23672

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

Please return all correspondence concerning this matter to the following:

CHARMAINE GATLIN

(Name of Contact Person)

JACKSON HEALTH FOUNDATION, INC

(Firm/ Company)

1500 NW 12th Avenue, Suite 1117

(Address)

Miami, FL 33136

(City/ State and Zip Code)

charmaine.gatlin@jhfmiami.org

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

For further information concerning this matter, please call:

Charmaine Gatlin

(Name of Contact Person)

at 305 585-4483  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input 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 checked="" 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

FILED

2021 OCT 25 PM 2: 29

JACKSON HEALTH FOUNDATION, INC

SECRETARY OF STATE

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

N23672

(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:**

\_\_\_\_\_ *The new 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:** \_\_\_\_\_  
*(Principal office address MUST BE A STREET ADDRESS)*

**C. Enter new mailing address, if applicable:** \_\_\_\_\_  
*(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: \_\_\_\_\_

\_\_\_\_\_  
*(Florida street address)*

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, 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:

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>CEO</u>	<u>Keith R. Tribble</u>	<u>1501 NW North River Drive, First Floor</u> <u>Miami, FL 33125</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>C</u>	<u>Ana Veiga Milton</u>	<u>7207 Monaco Street</u> <u>Coral Gables, FL 33143</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Joyce J. Edward</u>	<u>1500 NW 12th Avenue</u> <u>Suite 1117</u> <u>Miami, FL 33136</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>V</u>	<u>David Coulson, Esq</u>	<u>333 SE 2 Avenue, 44th floor</u> <u>Miami, FL 33131</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>P</u>	<u>Gatlin Charmaine</u>	<u>2855 Paddock Road</u> <u>Weston, FL 33331</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>S</u>	<u>Andria Holtz</u>	<u>28 Indian Creek Island Road</u> <u>Indian Creek Village, FL 33154</u>

**E. If amending or adding additional Articles, enter change(s) here:**

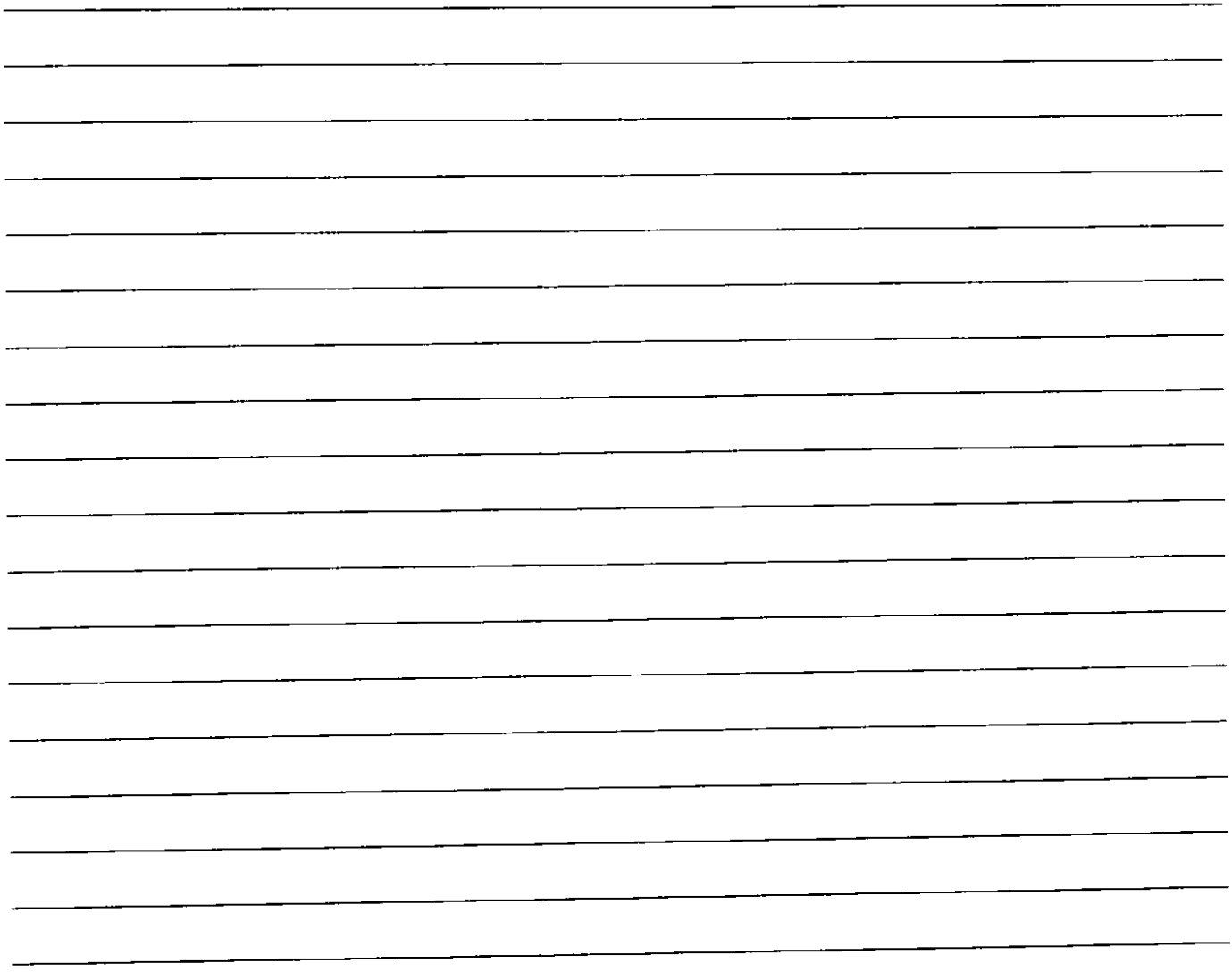
*(attach additional sheets, if necessary). (Be specific)*

**ARTICLE VII.  
MANAGEMENT OF CORPORATE AFFAIRS**

Management. The powers of this Corporation shall be exercised, its properties controlled, and its affairs conducted by a Board of Directors composed of not less than three (3), but not more than fifteen (15) members.

The Board of Directors and any vacancy thereon shall be filled by the Board of Directors in accordance with the Bylaws.

Officers. The Officers of the Board of Directors shall be the Chairman, the Vice-Chairman, the Secretary, the Treasurer, and such other officers as the Board may determine to be necessary. The Board of Directors may elect and employ chief officer(s), who shall be known as the President or Co-President of the Foundation, and other officers and personnel as it deems necessary.



The date of each amendment(s) adoption: December 3, 2020, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
*(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.
- 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 9/24/2021

Signature Charmaine Gatlin

(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)

Charmaine Gatlin  
(Typed or printed name of person signing)

President  
(Title of person signing)