## 703091

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Busiliess Entity Name)                 |
| (Salara Marka)                          |
| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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2020 OCT 26 PM 1: 42 SECRETARY OF STATE

1215/20

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATI            |   | nt de Paul Salvage Sto   | re of West Pal     | lm Beach, Inc.   |
|------------------------------|---|--|--------------------|--|
| DOCUMENT NUMBER:             | 703091                                      |  |                    |  |
|                              |   |  |                    |  |
| The enclosed Articles of Ar  | nendment and fee are sub-                   | mitted for filing.   |                    |  |
| Please return all correspond | lence concerning this matte                 | er to the following:   |                    |  |
| Donna Leonardo               |   |  |                    |  |
|                              |   | (Name of Contact Per   | rson)              |  |
| Society of St. Vincent de P. | aul Salvage Store of West                   | Palm Beach, Inc.   |                    |  |
|                              |   | (Firm/ Company)  | )                  |  |
| 6801 Lake Worth Road #2      | 16  |  |                    |  |
|                              |   | (Address)  |                    |  |
| Greenacres, FL 33467         |   |  |                    |  |
|                              |   | (City/ State and Zip C   | Code)              |  |
| donna.leonardo625@gmail      | .com  |  |                    |  |
|                              | E-mail address: (to be used                 | for future annual repo   | ort notification   | n)   |
| For further information con  | cerning this matter, please                 | call:  |                    |  |
| Donna Leonardo               |   | at   | 516                | 819-4654   |
|                              | (Name of Contact Person                     |  | (Area Code)        | (Daytime Telephone Number)   |
| Enclosed is a check for the  | following amount made pa                    | ayable to the Florida D  | epartment of       | State:   |
| ■ \$35 Filing Fee            | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi<br>Certifi | O Filing Fee<br>icate of Status<br>ied Copy<br>tional Copy is<br>osed) |
| A                            |   | 6.4  |                    |  |

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

2020 OCT 26 PM 1: 42

ST. VINCENT DEPAUL SALVAGE STORE OF WEST PALM BEACH, INC.

| Dept. of State)             | TALLA!! \$5 FAIL   |
|-----------------------------|--|
|                             | PRODEST V  |
| er of Corporation (i        | `known)  |
| es, this <i>Florida Not</i> | For Profit Corporation adopts the following                      |
| ion:                        |  |
|                             | The new  |
| tion" or "incorpora         | ted" or the abbreviation "Corp." or "Inc."                       |
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| )                           |  |
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| and describe Plants         |  |
|                             | ia, enter the name of the  |
|                             |  |
|                             |  |
|                             | (Florida street address)   |
|                             |  |
|                             | , Florida  |
| (City)                      | (Zip Code)   |
|                             |  |
| miliar with and acce        | pt the obligations of the position.                              |
|                             |  |
| ianature of Nov Peo         | istered Agent if changing  |
|                             | ce address in Florical (City)  Agent: miliar with and accession: |

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 De           V         Mike Je           SV         Sally Sr | <u>ones</u>                                  |  |
|---|--|--|--|
| Type of Action (Check One)                      | <u>Title</u>   | Name   | Address  |
| 1) Change Add                                   | <u>P</u>   | Mark Stephens                                | 9681 Pine Trail Ct.<br>Lake Worth, FL 33467      |
| x Remove  |  |  |  |
| 2) Change x Add                                 | <u>P</u>   | Kate Devine                                  | 1807 18th Lane Palm Beach Gardens, FL 33418      |
| Remove 3)                                       | <u>V</u>   | Kathy West                                   | 9027 Three Rail Drive<br>Boynton Beach, FL 33472 |
| 4) Change Add                                   |  |  |  |
| Remove 5) Change Add                            |  |  |  |
| Remove  |  |  |  |
| 6) Change Add                                   |  | · · · · · · · · · · · · · · · · · · ·        |  |
| E. If amending or addin (attach additional shee |  | cles, enter change(s) here:<br>(Be specific) |  |
|   |  |  |  |

| Note: If the date inserted in this blo document's effective date on the De | ck does not meet the applicable statutory filing requirements, this dapartment of State's records. | te will not be listed as the |
|--|--|------------------------------|
|  | (no more than 90 days after amendment file date)   | A 201 A 21 A 21 A 21         |
|  |  |                              |
| The date of each amendment(s) ac date this document was signed.            | option: October 1, 2020  | , if other than              |
|  | October 1, 2020  |                              |
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| adopted by the boa | ard of directors.   |
|--------------------|---|
| Dated              | October 20, 2020  |
| Signature          | Done Leonalo  |
| ~                  | 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) |
|                    | Donna Leonardo  |
|                    | (Typed or printed name of person signing)   |
|                    | Treasurer   |
|                    | (Title of person signing)   |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were