705164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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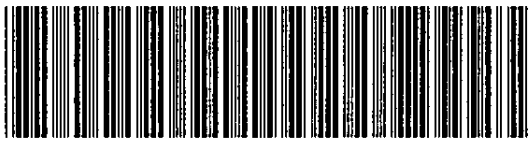

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07/24/12--01020--003 **52.50

EFFECTIVE DATE
8-1-12

FILED
12 JUL 24 AM 8:47
SECRETARY OF STATE
ALLAHASSEE FLORIDA

NC
&
Amend.
07-26-12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Broward General Medical Center Auxiliary of Fort Lauderdale,Florida,INC.

DOCUMENT NUMBER: 705164

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

Please return all correspondence concerning this matter to the following:

Suad Begovic
(Name of Contact Person)

Broward General Medical Center Auxiliary of Fort Lauderdale,Florida,INC.
(Firm/ Company)

1600 South Andrews Avenue
(Address)

Fort Lauderdale, Florida 33316
(City/ State and Zip Code)

sbegovic@browardhealth.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suad Begovic at (954) 355-5373
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ $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

Articles of Amendment
to
Articles of Incorporation
of

FILED
12 JUL 24 AM 8:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Broward General Medical Center Auxiliary of Fort Lauderdale,Florida,INC.

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

705164

(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:

EFFECTIVE DATE
8-1-12

A. If amending name, enter the new name of the corporation:

Broward Health Medical Center Auxiliary of Fort Lauderdale,Florida,INC. *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)

1600 South Andrews Avenue
Fort Lauderdale,Florida 33316

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1600 South Andrews Avenue
Fort Lauderdale,Florida 33316

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: Suad Begovic

1600 South Andrews Avenue
(Florida street address)

New Registered Office Address:

Fort Lauderdale, Florida 33316
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Suad Begovic
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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	_____	_____	_____
____ Add		NO ADD OR	_____
____ Remove			_____
2) ____ Change	_____	_____ REMOVED	_____
____ Add			_____
____ Remove			_____
3) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

Good Person

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 7/1/2012

Effective date if applicable: 8/1/2012

(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(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 7/17/2012

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)

Suad Begovic

(Typed or printed name of person signing)

Financial Manager

(Title of person signing)