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SECRETARY OF STATE TALL AHASSEET FLORIDA

APPROVED AND FIL FO

1. Lewis ju

Johnnie N. Guest, CPA
P.O. Box 13161
St. Petersburg, FL 33733

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

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LEAGUE TO	AID RETARI	DED CHILDREN, INC
DOCUMENT NUMBER: 708757		
The enclosed <i>Articles of Amendment</i> and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
JOHNNIE N GUEST, CP	Α	
(Name of Contact Person	1)
GUARINO & ASSOCIAT	ES, CPA'S	
	(Firm/ Company)	
7235 FIRST AVENUE SC	HTUC	
	(Address)	*****
ST PETERSBURG, FL 3	33707	
(City/ State and Zip Code	e)
JGUEST@GUAR		
E-mail address: (to be used	·	nouncation)
For further information concerning this matter, please c		•
JOHNNIE N GUEST	_{at (} 727	_,492-1163
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment 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	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of 14 JAN -6 AM 9: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA

LEAGUE TO AID RETARDED CHILDREN, INC.

(Name of Corporation as currently	filed with the Flo	rida Dept. of State)		_
708757				
(Docu	ment Number of Co	rporation (if known)		_
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For I</i>	Profit Corporation adopts the	: following
A. If amending name, enter the new name	ne of the corporati	on:		
LARC - PARENTS, GUAF	RDIANS, FR	IENDS OF PA	RC, INC.	The new
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated"	or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7235 FIRST A	VENUE SOUTH	
		ST PETERSE	BURG, FL 33707	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 1316	61	_
		ST PETERSE	SURG, FL 33733	_
				_
D. If amending the registered agent and	or registered offic	e address in Florida, e	nter the name of the	
new registered agent and/or the new			_	
Name of New Registered Agent:	JOHNNIE N	I GUEST, CPA	<u> </u>	
	7235 FIRS	FAVENUE SC	UTH	
Van Baritana (OCC) at Idan		Florida street address)		
<u>New Registered Office Address:</u>	ST PETERS	SRURG	33707	
	(City)	3BONG	, Florida <u>33707</u> (Zip Cod	
	• *		(r.p cou	<i>-</i> /
New Registered Agent's Signature, if che I hereby accept the appointment as registe,			ne obligations of the position.	
	Signature of New	Registered Agent, if cha.	Maring Paging	
		Page 1 of 4		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name	e, 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.

	Change Lemove	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones ly Smith			
	of <u>Action</u> ck One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) _	Change					<u></u>
	Add					
_	Remove					
2) _	Change					·
_	Add					
_	Remove					
3)_	Change			- · · · · · · · · · · · · · · · · · · ·		
_	Add					
_	Remove					
4)	Change					*******
_	Add					
	Remove					
5) _	Change					
	Add					
_	Remove					
6)	Change					
_	Add					
	Remove					

ttach additional sheets, if necessa	my). (Be specific)		
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•The date of each amendment date this document was signed.	-	14 JAN -6 AM 9: 29	, if other than the
Effective date if applicable:	11/01/2013 (no more than 90 days afte.	SECRETARY OF STATE	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	•	
The amendment(s) was/w was were sufficient for ap		mber of votes cast for the amendment(s)	
There are no members or adopted by the board of c	members entitled to vote on the amendalirectors.	ment(s). The amendment(s) was/were	
Signature (By the	20-2013 chairman or vice chairman of the board been selected, by an incorporator – i	f in the hands of a receiver, trustee, or	
	court appointed fiduciary by that fiducia	ary)	
PRESI	(Typed or printed name of person	n signing)	
	(Title of person signin	g)	