709089

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500432935755

07/12/24--01042--008 ++52.50

2024 SEP -9 AM 9: 54





August 30, 2024

PALMETTO YOUTH CENTER 501 17th st w palmetto, FL 34221

SUBJECT: PALMETTO YOUTH CENTER

Ref. Number: 709089

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Select one type of action for the officers

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The date of adoption of each amendment must be included in the document

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.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 224A00019383

COVER LETTER

NAME OF CORPORATION: ##E Palmetto Youth of Community Center, INC 709089
WAVE OF CORPORATION: HE talmetto youth or community
DOCUMENT NUMBER: 709089
DOCUMENT NUMBER: 10700
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christel Ware-Martin (Name of Contact Person)
(Firm/ Company)
6313 Angus Valley Dr
Wesley Chapel, FL 33544
(City/ Stale and Zip Code)
Wesley Chapel FL 33544 (City/ Stale and Zip Code) apple Smakayla 100 amail. Com E-mailaddress: (to be used for futury annual report notification)
For further information concerning this matter, please call:
Christel Ware-Martin at 352-942-337 (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:
S35 Filing Fee S43.75 Filing Fee Set S43.75 Filing Fee S43.7
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

Articles of Incorporation

(Name of Corporation as currently filed (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: name must be distinguishable and contain the word "corporation" or "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: New Registered Office Address: 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.

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)

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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.

Mike Jones, V as Remo	ve, and Sally Smith	, SV as an Add.		
Example: X_Change X_Remove X_Add	PT John I V Mike SV Sally	Jones .		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1)Change > 1	xec. Dr.	Christel Ware-Marts	n 50/ 17th St W Palmotto Fr 34731	
Remove_) E	xec.Dir.	Reginald Belony	50/ 17th St W Palmotto, FL 34221	
2) Change 7	recsurer	Donna Hayes	Polmetto Fi 34331	
Remove ————————————————————————————————————	Treasurer Secretary	Frank craddock Eric Coibbs Patricia Johnson Adaga Raina	301, 17th St W Polnetto, Pl 34001	
Remove —) 4)Change Add	Secretary Charcan	Patricia Johnson : Ashae Brice	Painetto FL 3001 Sol 1745 St W	
Add Remove OC	hairman	Potricia Johnson	501 17th of W Polnetto, Fr 3421	
-		Darell woodle	SOI TO SEW POLNETTO, FL 7921	
Remove -> C	hair rector of A	Charles Newsome ver. Thavonda Conffin	SO / 17th St W	ş
Add Add	innatural a	per. Anthony Stephens	Falmetto Fi 38 del 35	' - -7
	A lenoitibbe onit	rticles, enter change(s) here:	Polnetto FC 3700 1	
(attach daattionia sii	ceis, g //ceess//		AM 9: OF STA	
			<u> </u>	
				

		
		
		_
		
		
		
		2024 SEP
		24 SE
		P-C
		S
		AH S
The date of each amendment(s) add date this document was signed.	option:	Frif office than th
Essective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes east for the amend I.	ment(s)

•

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

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)

Abhae Brice

(Typed or printed name of person signing)

Chairman

2024 SEP -9 AM 9: 5