728241

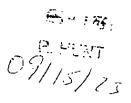
(Requestor's Name)
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(Business Entity Name)
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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Not for Profit Corporation pursuant to section 617,1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617,0123. Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

For further information, you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ls on Wheels. Inc.			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this (natter to the following:			
Joe Macklin, Treasurer				
	(Name of Contact Per	rson)		
Englewood Meals on Wheels, Inc.				
	(Firm/ Company)	<u> </u>	
PO Box 782				2823
	(Address)		<u> </u>	2023 327 15
Englewood, FL 34295-0782				5
	(City/ State and Zip C	lode)		<u>.z:</u>
emowtreasurer@outlook.com				Fii 12: 40
	used for future annual rep	ort notificatio	1)	0
For further information concerning this matter, pl	ease call:			
Joe Macklin	at_	217	416-1173	
(Name of Contact Pe	ison)	(Area Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following amount made	de payable to the Florida I	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	eet Address endment Sect ision of Corpo Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Englewood Meals on Wheels, Inc.

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
728241		
(Docur	ment Number of Corporation (i	known)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A	(DDRESS)	
		22
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	DAY.	- (
Islaning address SIAT BE A FOST OF FICE	<u> </u>	
		la, enter the name of the
D. If amending the registered agent and/or reginew registered agent and/or the new register		la, enter the name of the
	Joe Macklin, Treasurer	
Name of New Registered Agent:	400 LOMA LINDA	
	The Contraction	(Florida street address)
<u>New Registered Office Address</u>	:	
	Englewood	, Florida 34223
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager	Registered Agent: n. I am familiar with and acco	pt the obligations of the position.
	loe Mar	lelin
-	Signature of New Reg	istered 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 X Remove X Add	PT John D V Mike John SV SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>T</u>	Joe Macklin	400 Loma Linda PO Box 782
Remove 2)ChangeAdd	<u>T</u>	Christine M. Gauthier	Englewood, FL 34295 400 Loma Linda PO Box 782
Remove 3) Change Add Remove	<u>AT</u>	Gina Morella	Englewood, FL 34295 400 Loma Linda PO Box 782 Englewood, FL 34295
4) Change Add			C C
Remove 5)ChangeAdd			40
6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

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				- 5	
The date of each amendment(s) adoptidate this document was signed.	on:		<u> </u>	, if other	than the
Effective date if applicable:	(no more than 90 days afte				
	(no more than 90 days afte	er amendment file da	te)		
Note: If the date inserted in this block document's effective date on the Departr	oes not meet the applicable : nent of State's records.	statutory filing requir	ements, this date will no	t be listed as	s the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the n	number of votes east t	or the amendment(s)		

Datad	September 11, 2023
Dated	. 11 . 00 / 6
Si	Lather Macklin
Signature	(By the chairman of wice 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)
	Kathy Macklin
	(Typed or printed name of person signing)

(Title of person signing)