731490

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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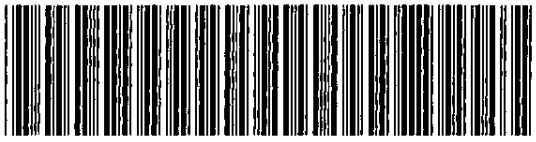

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Columbia Blake Medical Center Auxiliary, Inc.

DOCUMENT NUMBER: 731490

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

Please return all correspondence concerning this matter to the following:

Janet M. Fullriede
(Name of Contact Person)

Blake Medical Center Auxiliary, Inc.
(Firm/ Company)

2020 59th Street West
(Address)

Bradenton, FL. 34209
(City/ State and Zip Code)

For further information concerning this matter, please call:

Janet M. Fullriede at (941) 794-1111 (Home)
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $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

Columbia Blake Medical Center Auxiliary, Inc.

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

731490

(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:

NEW CORPORATE NAME (if changing):

Blake Medical Center Auxiliary, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

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(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: February 18, 2008

Effective date if applicable: February 18, 2008
(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 was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Janet M. Fullriede

(Typed or printed name of person signing)

President of the Auxiliary

(Title of person signing)

FILING FEE: $35