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## **COVER LETTER**

TO: Amendment Section Division of Corporations

ER FOR CHILDRI	EN AND YOU	TH INC
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tted for filing.		
to the following:		
Name of Contact Pe	rson)	
UTH INC		
(Firm/ Company	)	
(Address)		· · · · · · · · · · · · · · · · · · ·
City/ State and Zip (	Code)	
or future annual rep	ort notification	)
all:		
at	850	2126799
		(Daytime Telephone Number)
able to the Florida I	Department of S	State:
Certified Copy	Certifi Certifi (Addit	Filing Fee cate of Status cd Copy ional Copy is sed)
	ted for filing.  to the following:  lame of Contact Pe  UTH INC  (Firm/ Company  (Address)  City/ State and Zip (Company)  of future annual reputable to the Florida I  S43.75 Filing Fee at Certified Copy (Additional copy is	lame of Contact Person)  UTH INC  (Firm/ Company)  (Address)  City/ State and Zip Code)  or future annual report notification at the state of the Florida Department of the state of the S43.75 Filing Fee & S52.50 Certified Copy (Additional copy is Certified Copy (Additional copy is Certified Copy (Certified Copy (Cert

**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 to Articles of Incorporation of

Name of Corporation as currently filed with the Flori	ida Dept. of St	ate)			
THE FLORIDA CENTER FOR CHILDREN AND YOU	JTH, INC				
(Document No	umber of Corp	oration (if know	wn)		
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Flo</i>	rida Not For l	Profit Corporatio	n adopts the	following
A. If amending name, enter the new name of the corp.	oration:				
					The new
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	poration" or "i	ncorporated"	or the abbreviati	on "Corp." o	r "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u> )	<del>.</del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_			
If amending the registered agent and/or registered new registered agent and/or the new registered officers.		in Florida, ei	iter the name of	the	<del></del>
	100 0000			••	
Name of New Registered Agent:		<del></del>		3	
		(Flori	da street address)	<u> </u>	<u></u> "
New Registered Office Address:			Flo	rida M	M
	(City)			ip Code	34:8
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I am		and accept th	e obligations of t	ा he position.	w
	Signature of	New Registere	ed Agent, if chang	ging	

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 Do           V         Mike Jo           SV         Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
Change	<u>P</u>	DEBORAH FOOTE	111 S MAGNOLIA DR STE #4 TALLAHASSEE, FL 32301
Remove			
2) Change Add	<u>D</u>	JOANNE LIGHTER	
X Remove 3) X Change  Add  Remove	<u>D</u>	BILL BENTLEY	111 S MAGNOLIA DR STE #4 TALLAHASSEE. FL 32301
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti is, if necessary).	cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption date this document was signed.	on:			, if other than the
Effective date if applicable:				
	(no more than 90 days	after amendment file	e date)	
Note: If the date inserted in this block document's effective date on the Department.	pes not meet the applicable nent of State's records.	le statutory filing re	quirements, this date will	not be listed as the
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 memi adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	DECEMBER 17, 2021
Signature	R mille
•	(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)
	Roy MILLER
	(Typed or printed name of person signing)
	PRESIDENT, BUARD PAPELA MENT AUTHORITY
	(Title of person signing)