## 739315

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## COVER LETTER

TO: Amendment Section Division of Corporations

The ARC of Martin County, Inc.  NAME OF CORPORATION:
739315 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Keith W. Muniz
(Name of Contact Person)
The ARC of Martin County, Inc.
(Firm/ Company)
2001 South Kanner Highway
(Address)
Stuart, FL 34994
(City/ State and Zip Code)
dsparkman@areme.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Sparkman 772-283-2525
(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:
Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

THE ARC OF MARTIN COUNTY INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)
73	935
(Document Num	iber of Corporation (if known)
Pursuant to the provisions of section 617,1006. Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "corpor" Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	$\overline{\underline{(\bar{s})}}$
	<u> </u>
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(	P
	·
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
new registered agent and or the new registered office	
Name of New Registered Agent:	
	(Florida sireet address)
New Registered Office Address:	
<del></del>	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registers	ed Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	Signature of New Registered 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		<u>Doe</u> : Jones : Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	CFO	Roger Butterfield	
× Remove			
2) Change Add	Director	Maria Reich	
X	<u>Director</u>	Mark Boyden	4007 SE Jacaranda Street Stuart, FL 34997
4) Change Add	Director	Alexander Haigh	210 SWAtlanta Avenue Stuart, FL 34994
Remove			
5) Change Add	<u>D</u>	Lynda Street	2001 S. Kanner Highway Stuart, FL 34994
Remove			
6) <u>*</u> Change Add	Treasure	Terry Eve	18380 SE Wood Haven Lane C Tequesta, FL 33469
Remove			
E. If amending or ad (uttach additional s		rticles, enter change(s) here: ). (Be specific)	
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The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file	date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing recodument's effective date on the Department of State's records.	quirements, this date will not be listed as the

(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.

Adoption of Amendment(s)

There are no mem adopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	August 25, 2020
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)
	Keith W. Muniz
	(Typed or printed name of person signing)
	President/CEO

(Title of person signing)