768624

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	vest Florida Comprehen:	sive Services for C	hildren.	Inc	
768624 DOCUMENT NUMBER:				_	
The enclosed Articles of Amendment a	nd fee are submitted for	filing.			
Please return all correspondence concer	ning this matter to the fo	ollowing:			
Lori J Perez					
	(Name of	Contact Person)			<u> </u>
Northwest Florida Comprehensive Serv	rices for Children, Inc.				
	(Firm	/ Company)			_
115 Gregory Square					
	. (.	Address)			
Pensacola, FL 32503					
	(City/ Sta	te and Zip Code)			
Iperez@90works.org					
E-mail addre	ess: (to be used for future	annual report not	ification)	
For further information concerning this	matter, please call:				
Lori J Perez		703		967-8863	
(Name of C	Contact Person)			(Daytime Telepho	ne Number)
Enclosed is a check for the following as	nount made payable to t	he Florida Departi	ment of S	State:	
□ \$35 Filing Fee □\$43.75 Certific	ate of Status Certific	d Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

Northwest Florida Comprehensive Services for Children, Inc.

Northwest Florida Comprehensive Services for Curic		
(Name of Corporation as currently filed with the F	iorida Dept. of State)	
768624		
(Documer	nt Number of Corporation (if known	1)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not For Pr</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
90Works, Inc.		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	.
D. If amending the registered agent and/or registe	ered office address in Florida, ent	er the name of the
new registered agent and/or the new registered		The many of the
Name of New Registered Agent:		
	(Florida	street address)
· · · · · · · · · · · · · · · · · · ·		
_	(City)	, Florida (Zip Code)
	(c 1i')	(z.p) Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add		_		
Remove				
2) Change Add		-		
Remove 3) Change Add Remove		-		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
Change of Specific Purpo	se from "	'provide	services for abused and negeleted children a	nd their families" to be stated as
" to prevent homelessness				

	
	
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	···-
	
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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 requirements, this document's effective date on the Department of State's records.	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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 6/23/2022 Signature ConnetteWolfs
(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)
Linnette Wolfgram
(Typed or printed name of person signing)
Treasurer

(Title of person signing)