

JUN - 4 2024

Fax: (850) 617-6383

## TO: Registration Section

Division of Corporations

Accordant Philanthropy, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanya G. Foreman, Esq.

Name of Person

CUVER LETTER

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, Florida 32256

City/State and Zip Code

betsy@accordantphilanthropy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanya G. Foreman

Name of Person

Enclosed is a check for the following amount:

S25.00 Filing Fee

530.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee -2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

om: Erika Rivera Fax: 19042970982 To: DocuSign Envelope ID: 1 1CED05C-E 194-4B0E-AFFF-29B02 AKI	ICLES OF	<sup>Fax:</sup> (850) 617-6383 ΓΑΜΕΝDΜΕΝΤ ΓΟ	Page: 4 of 6 06/03/2024 9:03 AM H24000193824 3
ARTI		ORGANIZATION	
		DF	records.) and assigned
Accordant Philanthropy, LLC			The second se
(Name of the Limite	ed Linbility Comp (A Florida Limited	any as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Li	ability Company	y were filed on	and assigned S
Florida document number L14000177836			
This amendment is submitted to amend the follo	2	bility company here:	_ *
N/A		unity company nere.	
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company " the designation	"IIC" of the abbreviation "IIC"
		N/A	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		<u>_</u>
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE I	<u>5(7,7)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our records, <u>c</u>	enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:			
Enter Florida street address			uddress
			Florida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

F

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

MGR = -M $AMBR = -A$	lanager .uthorized Member		
<u>l'itle</u>	Name	Address	Type of Action
MGR	Elizabeth Chapin Taylor	105 Teal Nest Court	<b>a</b> ∆dd
		Ponte Vedra Beach. Florida 32082	
MBR	Elizbeth Chapin Taylor	105 Teal Nest Court	🖸 Add
		Ponte Vedra Beach, Florida 32082	Remove
			Change
MBR	Brent A. Taylor	105 Teal Nest Court	🗆 Add
		Ponte Vedra Beach, Florida 32082	E Remove
			□Change
			TALLANNA
		<u></u>	ဖွင့္လွင္ပံ
<u></u>			
			□Change
			□Add
••			🗆 Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _		June 3, 2024
	DocuSigned by:	
	A3CC70CEF1A3493	Signature of a member or authorized representative of a member
	Elizabeth C. Taylor	
		Typed or printed name of signee