

15 SEP 25 AM 10:38
TALLAHASSEE, FLORIDA

COVER LETTER**TO:** Amendment Section
Division of Corporations**NAME OF CORPORATION:** Lenora P. Johnson Community Health Trust**DOCUMENT NUMBER:** N00000006456The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fletcher Paschal

(Name of Contact Person)

Lenora P. Johnson Community Health Trust

(Firm/ Company)

1744 NW 192nd Street

(Address)

Miami, FL 33056

(City/ State and Zip Code)

fletcherp4@bellsouth.net

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

For further information concerning this matter, please call:

Theo Williams

561

213-8430

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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

Lenora P. Johnson Community Health Trust

15 SEP 25 AM 10:38

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

N00000006456

TALLAHASSEE, FLORIDA

(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:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

New Registered Office Address:

(Florida street address)

N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered 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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|--------------------------------------|-----------------------------|
| 1) <input type="checkbox"/> Change | <u>PSTD</u> | <u>Johnson, Lenora P</u> | <u>1744 NW 192ND STREET</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FL 33056</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>D</u> | <u>Powell, Agenoria</u> | <u>1744 NW 192ND STREET</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FL 33056</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>C</u> | <u>Theoc, Ernst</u> | <u>1744 NW 192ND STREET</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FL 33056</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>T</u> | <u>Paschal, Fletcher III</u> | <u>1744 NW 192ND STREET</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI, FL 33056</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u>C</u> | <u>MD Paschal, Rozalyn H.</u> | <u>1744 NW 192ND STREET</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI, FL 33056</u> |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | <u>D</u> | <u>MD Thomas-Paschal, Rozalyn A.</u> | <u>1744 NW 192ND STREET</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI, FL 33056</u> |
| <input type="checkbox"/> Remove | | | |

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 20, 2015

Signature

Rozalyn Hester Paschal, M.D.
(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)

Rozalyn Hester Paschal, MD

(Typed or printed name of person signing)

Chairman

(Title of person signing)