N01000002957

	(Requestor's Name)	
	(Address)	
•	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
	(Business Entity Name)	
	ı	
	(Document Number)	
Certified Copies	Certificates of S	Statu s
Special Instructions	s to Filing Officer:	
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SECRÉTARY OF STATE PALLAHASSEE, FLORIDA

FILED

Amend

DEC 2 1 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF C	ORPOR	ATION: Partnership fo	r a D)ru	g Free	e Con	nmunit	y of S. Fl, Inc.
DOCUMENT	Г NUMB	ER: N01000002957						
The enclosed 2	Articles (of Amendment and fee are sub	mitted	l for	filing.			,
Please return a	all corres	pondence concerning this matt	ter to t	he f	ollowin	g:		
			ris Ca				· · ·	
		(Name of	Conta	ct P	erson)			
	<u></u>	Partnership for a Drug	Free	Cor	nmuni	ty of S	. FI, Inc	<i>.</i>
·		(Firm	/ Com	pan	y)			
		3361 Belve	dere	Rd	Suite	С		
		(4	Addres	s)				
		West Palm	Beac	h, i	FI 3340	06		
		(City/ Stat	te and	Zip	Code)			
		DrugFreePar E-mail address: (to be used					notificati	on)
For further info	ormation	concerning this matter, please	e call:					•
Doris Carrol	ll		at	(561)_69	3-5299	
ĺ	(Name o	f Contact Person)			(Area	Code &	Daytime	Telephone Number)
Enclosed is a c	check for	the following amount made pa	ayable	to t	he Flori	ida Dep	artment o	f State:
⊒\$35 Filing F	Fee	□ \$43.75 Filing Fee & Certificate of Status	Ce (A	rtifi ddit	.75 Fili ed Copy ional co sed)	y	&	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Amenda Division P.O. Bo	z Address ment Section n of Corporations x 6327 ssee, FL 32314			Ameno Division Cliftor	n Buildir	ection rporations	,

Tallahassee, FL 32301

to **Articles of Incorporation**

ZOIODEC 20 AMII: 58 TALLAHASSEE, FLORIDA **Articles of Amendment** Partnership for a Drug Free Community of South Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N01000002957

(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 Incomposition:

ldress in Florida, enter the name of th
ldress in Florida, enter the name of th
ldress in Florida, enter the name of th
<u> 288:</u>

street address)
(City) , Florida, Florida
nt: miliar with and accept the obligations
(e

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>T</u>	FAIN, DAN	345 INDIAN GROVE DR STUART FL 34994 US	
<u>T</u>	McPherson, Alicia	5737 Okeechobee Blvd W. Palm Beach, Fl 33417	
(attach a	ding or adding additional Article additional sheets, if necessary). (I	Be specific)	

The date of each amendment(s) adoption: $\frac{12/17/10}{12}$
(date of adoption is required)
Effective date if applicable: $\frac{ \mathcal{A} /\gamma/\sqrt{2}}{(no \text{ more than 90 days after amendment file date)}}$
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.
Signature Signature
Doris Carroll (Typed or printed name of person signing)
Executive Director (Title of person signing)