

NOI 00006 6569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

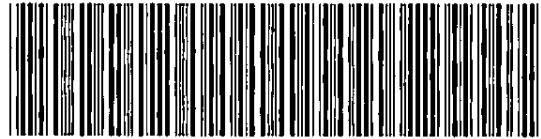
(Business Entity Name)

(Document Number)

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2024 JUN 28 PM 12:51

FILE

AL

Brewer Long

BUSINESS LAW

June 27, 2024

Via FedEx

Florida Division of Corporations
Attn: Tammy Cline, Amendment Section
The Centre of Tallahassee
2415 N Monroe Str Ste 810
Tallahassee, FL 32303

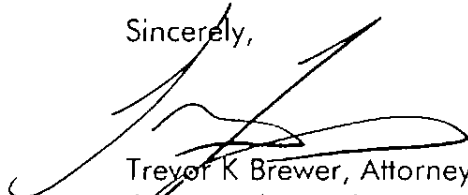
Re: Embrace Families Community Based Care, Inc.
Document No. N01000006569
Articles of Amendment

Ms. Cline:

As we discussed by telephone yesterday, I am sending to you for filing on behalf of Embrace Families Community Based Care, Inc. the enclosed Articles of Amendment and check in the amount of \$35.00.

Thank you for your assistance.

Sincerely,



Trevor K Brewer, Attorney
tbrewer@brewerlong.com

Encls.

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EMBRACE FAMILIES COMMUNITY BASED CARE, INC.

DOCUMENT NUMBER: N01000006569

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TREVOR K. BREWER

(Name of Contact Person)

BREWERLONG PLLC

(Firm/ Company)

407 WEKIVA SPRINGS RD STE 241

(Address)

LONGWOOD, FL 32779

(City/ State and Zip Code)

SUNBIZ@BREWERLONG.COM

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

For further information concerning this matter, please call:

TREVOR K. BREWER

(Name of Contact Person)

at 407-660-4964

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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Articles of Amendment
to
Articles of Incorporation
of

EMBRACE FAMILIES COMMUNITY BASED CARE, INC.

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

N01000006569

(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)

407 WEKIVA SPRINGS RD STE 241

LONGWOOD, FL 32779

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2328 CITADEL WAY STE 103 PMB 228

MELBOURNE, FL 32940

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:

BREWERLONG PLLC

407 WEKIVA SPRINGS RD STE 241

(Florida street address)

New Registered Office Address:

LONGWOOD

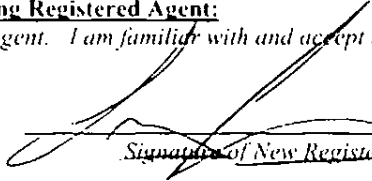
(City)

Florida 32779

(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

2024 JUN 28 PM 12:51

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

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D, C, CEO	GERARD GLYNN	2328 CITADEL WAY STE 103 PMB 228 MELBOURNE, FL 32940
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D, V	CHRISTY FISHER	2328 CITADEL WAY STE 103 PMB 228 MELBOURNE, FL 32940
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D, S	TREVOR K BREWER	407 WEKIVA SPRINGS RD STE 241 LONGWOOD, FL 32779
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	SHAWN SMITH	
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	SHANNON CLARK	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	SUSIE OLIVER	

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ADDITIONAL CHANGES TO DIRECTORS REFLECTED ON NEXT PAGE

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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)

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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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>JUSTIN MITCHELL</u>	<u></u> <u></u> <u></u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>ANGELA FOLGER</u>	<u></u> <u></u> <u></u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>CARRIE BUSBEE</u>	<u></u> <u></u> <u></u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>MICHAEL SANGIORIO</u>	<u></u> <u></u> <u></u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>O</u>	<u>STACY PEACOCK</u>	<u></u> <u></u> <u></u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

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F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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The date of each amendment(s) adoption: JUNE 14, 2024, if other than the date this document was signed.

Effective date if applicable: JUNE 14, 2024
(no more than 90 days after amendment file date)

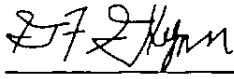
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JUNE 14, 2024

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)

GERARD GLYNN
(Typed or printed name of person signing)

CHAIRMAN AND CEO
(Title of person signing)

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