## N01000008482

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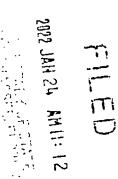
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01/25/2247-0201422921 \*\*95.25

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RECEIVED

Jan 2 4 2027



A. RAMSEY FEB 0 9 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: $S.O.B.$	E.R. Charitable	Foundation In
DOCUMENT NUMBER: <i>NO100000848</i>		
The enclosed Articles of Amendment and fee are sub		-
Please return all correspondence concerning this matter		
Deborah Morgan		
0	(Name of Contact Person)	
Palm Beach HorvesT INC		
	(Firm/ Company)	
4601 S. FLAGLER Dr.		
	(Address)	
West Palm Beach, FL.  deborahepumbeaehharve	33405	
	(City/ State and Zip Code)	
deborah e pumbeaetharve	st.org	
E-mail address: (to be used	for future annual report notification)	<del>-</del>
For further information concerning this matter, please	call:	
Deborah Morgan	at 561-	310 - 664 / Daytime Telephone Number)
(Name of Contact Person	(Area Code) (L	Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of Sta	te:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy Certificate (Additional copy is Certified	e of Status Copy al Copy is
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporat	ions
Division of Corporations	istrision of Corporat	1011.7

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

FILED

of

S.O.B.E.R. Charitable For	of /	2022 JAN 24 AM II: I	2
S.O.B.E.R. Charitable Fo	undation I	UC	
(Name of Corporation as currently filed with the Florid	a Dept. of State)	Fire Charles of State of Sales	F- 
	<u> </u>		
(Document Nur	mber of Corporation (if	'known)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not	For Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of the corpor Palm Beach Phoenix House for a name must be distinguishable and contain the word corpo	ration:  MUSES RCCOVE  ration For "incorporal	ery Center INC.  Icd" or the abbreviation "Corp." or	The new r "Inc."
"Company" or "Co," may not be used in the name.  B. Enter new principal office address, if applicable:	46015.FZ	AGLER DR.	
(Principal office address MUST BE A STREET ADDRES		Palm Beach FL 33	3405
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<del></del>
D. If amending the registered agent and/or registered o new registered agent and/or the new registered office		la, enter the name of the	
Name of New Registered Agent: Deb	arch Morga	<u>n</u>	
New Registered Office Address:	.01 S. FLAG	(Florida street address)	
w	(City)	Florida <u>334</u> (Zip Code)	(05
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	familiar with and acce		
		· Trangan	
	Signature of New Reg.	istered 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	PT         John E           V         Mike J           SV         Sally S	lones .	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	PTRD	TANYAWIIIams	415 U.S. HWY 1 APTG LAKE Park FL. 33404
Remove  2) Change Add	<u>D</u>	JEHNIFER MeHenry	4415 DON DIRBLODE LOS ANGELES, CA 90008
Remove 3) Change Add	<u>D</u>	Jacob ELEFANT, DR.	7119 Via Marbella BOCA RATION FL 33433
Add Remove  4) Change Add	PD	Deborah Morgan	JIAN Street WPB FL 33401
Remove  5) Change Add	VPD	Holly Morgan	214 Connision Rd WFB FL 33405
Remove 6) Change Add			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
	<del> </del>		

······································	
	<del> </del>
The date of each amendment(s) adoption:	if other than th
late this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> :	ı file date)
Note: If the date incorred in this block does not meet the applicable statutory filing	a requirements, this date will not be listed as the

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.

	members or members entitled to vote on the amendment(s). The amendment(s) was/were he board of directors.
Date	ed 1-19-2022
Sign	nature Manager Manager (By the chairman or vice chairman of the board president or other officer-if directors
5	(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)
	Deborah Morgan
	(Typed or printed name of person signing)
	Resident
	(Title of person signing)