N02000004561

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

05/16/05--01014--008 **35.00

Amend

T BROWN MAY 20 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Institute for Survivors of Sexual Violence, Inc.

DOCUMENT NUMBER: N02000004561

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

Please return all correspondence concerning this matter to the following:

Dr. Jon Connelly
(Name of Contact Person)

652 D High Point Blvd.
(Firm/ Company)

(Address)

Delray Beach, FL 33445
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Jon Connelly at (561) 741-4187
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Institute for Survivors of Sexual Violence, Inc.

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

N02000004561

(Document number of corporation (if known)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Addition to Officer/Director:

Smith, Luna, LMHC - Director
3480 45th Ave NE
Naples, FL 34120

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: MAY 13, 2005

Effective date if applicable: May 13, 2005
(no more than 90 day's 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 was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 13th day of May, 2005.

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.)

Dr. Jon Connelly
(Typed or printed name of person signing)

Director, Manager
(Title of person signing)

FILING FEE: $35