## NO2000009034

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATI	ON:	Litem Foundation		
DOCUMENT NUMBER:	N0200009034			
The enclosed Articles of Ar		nitted for filing.	-	
Please return all correspond	lence concerning this matte	er to the following:		
Sonia Valladares				
		(Name of Contact Pe	rson)	
Florida Guardian ad Litem	Foundation			
		(Firm/ Company	)	
P. O. Box 10688				
		(Address)		
Tallahassee, FL 32302				
	· -	(City/ State and Zip (	Code)	
sonia.valladares@gal.fl.go	v			
· · · ·	E-mail address: (to be used	for future annual rep	ort notification	n)
For further information con	cerning this matter, please	call:		
Sonia Valladares		at	786	239-1118
	(Name of Contact Person)	at		(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida I	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A		Str	eet Address	ī.a.u
Amendment Section Division of Corporations		Amendment Section Division of Corporations		

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Florida Guardian ad Litem Program

Name of Corporation as currently filed with the	e Florida Dept. of S	State)		
N0200009034				
(Docum	nent Number of Cor	poration (if known)		
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this F	lorida Not For Profit C	Corporation adopts the	e following
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		"incorporated" or the a	ibbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			
		<del>.</del>	TALL A	T I
				<u> </u>
D. If amending the registered agent and/or regi		ss in Florida, enter the	name of the	
new registered agent and/or the new register	ed office address:		<u> </u>	至,
Name of New Registered Agent:	Sonia Valladares	.,,,,,,		<u>;</u>
	Same as above		र रे	<del>18</del> 25
<u>New Registered Office Address:</u>		(Florida street	address)	
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing land the la		th and accept the obliga	utions of the position.	
· · · · · · · · · · · · · · · · · · ·	Signature	of New Registered Agen	() (UU)	<del></del>

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 De           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	SEC	Debra A. Portera	P. O. box 10688 Tallahassee, FL 32302
x Remove			
2) Change Add	SEC	Alexandra Hubbard	P. O. box 10688 Tallahassee, FL 32302
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
E. If amending or additional sheet		Page 2 of 4  icles, enter change(s) here:  (Be specific)	
	· · · · · · · · · · · · · · · · · · ·		
			<del></del>

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Page 3 of 4	
· ·	
aland (1)	
The date of each amendment(s) adoption: Manual And And And date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	

<u>Note:</u> 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 128/2020 Signature 2-Valladaus
(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)
Sonia Valladares
(Typed or printed name of person signing)
Interim Chief Executive Officer

(Title of person signing)