

ND2993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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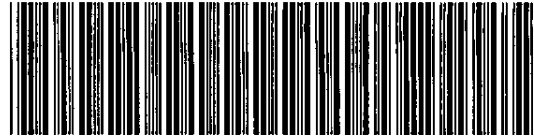
Special Instructions to Filing Officer:

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12/12/17--01021--022 **35.00

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18 FEB 12 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 12 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2018

DENNIS SCHOLL
SOUTH FLORIDA ART CENTER
924 LINCOLN ROAD #205
MIAMI BEACH, FL 33139

SUBJECT: SOUTH FLORIDA ART CENTER, INC.
Ref. Number: N02993

We have received your document for SOUTH FLORIDA ART CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sheila H. Young
Regulatory Specialist II

Letter Number: 617A00025219

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of
Corporations

SUBJECT: SOUTH FLORIDA ART CENTER INC
Name of Corporation

DOCUMENT NUMBER: N02993

The following is a list of changes we wish to make to the Officers/ Director Detail for the organization listed above. Please return all correspondence concerning this matter to the following:

Dennis Scholl
South Florida Art Center
924 Lincoln Rd. # 205
Miami Beach, FL 33039

Current	Change to
Chairman Kovel, Kim 5160 North Bay Road Miami Beach, FL 33139	Chairman Kovel, Kim 924 Lincoln Rd. # 205 Miami Beach, FL 33139
Secretary Weiss, Merle 9 Island Avenue #1107 Miami Beach, FL 33139	Secretary Pace, Reagan 924 Lincoln Rd. # 205 Miami Beach, FL 33139
Vice Chair for Finance Rodriguez, Eric 401 Ocean Drive #824 Miami Beach, FL 33139	Vice Chair Rodriguez, Eric 924 Lincoln Rd. # 205 Miami Beach, FL 33139
Executive Director Del Valle, Maria 720 NE 69 St. Apt #7W Miami, FL 33138	Remove
Vice Chair for Programs Garcia, Lilia 415 Caligula Ave Coral Gables, FL 33146	Remove
Vice Chair for Alumni Thiele, Kristen 1447 SW 15 St Miami, FL 33145	Remove
Chair Facilities Committee Alessandro, Ferretti 300 South Point Drive Miami Beach, FL 33139	Remove
President & CEO Scholl, Dennis South Florida Art Center 924 Lincoln Rd. # 205 Miami Beach, FL 33039	President & CEO Scholl, Dennis South Florida Art Center 924 Lincoln Rd. # 205 Miami Beach, FL 33039

Articles of Amendment
to
Articles of Incorporation

South Florida Art Center, Inc.

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

NO2993

(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:

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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

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TALLAHASSEE, FLORIDA

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	<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>

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change

C

KOVEL, KIM

924, LINCOLN RD #205

☐ Add

MIAMI BEACH, FL 33139

☐ Remove

2) ☒ Change

S

PAGE, REAGAN

924, LINCOLN RD #205

☐ Add

MIAMI BEACH, FL 33139

☐ Remove

3) ☒ Change

VC

RODRIGUEZ, ERIC

924, LINCOLN RD #205

☐ Add

MIAMI BEACH, FL 33139

☐ Remove

4) ☐ Change

ED

DEL VALLE, MARIA

720 NE 69 ST. APT #7W

☐ Add

MIAMI, FL 33138

☒ Remove

5) ☐ Change

VCP

GARCIA, LILIA

415 CALIGULA AVE.

☐ Add

CORAL GABLES, FL 33146

☒ Remove

6) ☐ Change

VCA

THIELE, KRISTEN

1447 SW 15 ST

☐ Add

MIAMI, FL 33145

☒ Remove

Type of Action
(Check One)

Title

Name

Address

7) ☐ Change

☐ Add

☒ Remove

CFC

ALESSANDRO FERRETTI

300 SOUTH POINT DRIVE

MIAMI BEACH, FL 33139

8) ☐ Change

☒ Add

☐ Remove

PCEO

SCHOLL, DENNIS

924 LINCOLN RD, SUITE 205

MIAMI BEACH, FL 33039

9) ☐ Change

☐ Add

☐ Remove

10) ☐ Change

☐ Add

☐ Remove

11) ☐ Change

☐ Add

☐ Remove

12) ☐ Change

☐ Add

☐ Remove

13) ☐ Change

☐ Add

☐ Remove

14) ☐ Change

☐ Add

☐ Remove

15) ☐ Change

☐ Add

☐ Remove

16) ☐ Change

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers in the United States.

2. **Methodology:** A cross-sectional survey was conducted using a validated questionnaire to assess the mental health status of healthcare workers. The survey was distributed online and received responses from 1,200 healthcare workers across various medical facilities.

3. **Results:** The study found that a significant majority of healthcare workers (78%) reported experiencing symptoms of anxiety and depression during the COVID-19 pandemic. The most common symptoms reported were increased worry, fatigue, and difficulty concentrating.

4. **Conclusion:** The findings suggest that the COVID-19 pandemic has had a profound negative impact on the mental health of healthcare workers. Further research is needed to explore the long-term effects and to develop effective interventions to support the mental well-being of this vulnerable population.

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

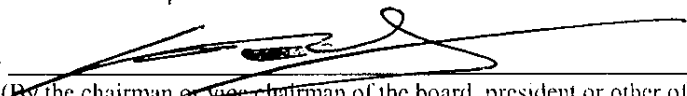
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 2/9/18

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)

Aaron Fenberg
(Typed or printed name of person signing)

CEO
(Title of person signing)