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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Gavcarr Foundation Incorporated

DOCUMENT NUMBER: N03 00000 1186

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

Please return all correspondence concerning this matter to the following:

SEANA WESTCARR-GRAY  
(Name of Contact Person)

2736 Delmar Drive  
(Firm/ Company)  
(Address)

Great Falls, MT 59404  
(City/ State and Zip Code)

seana12b@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seana Westcarr-Gray at ( 434 ) 326. 0885  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- |                                          |                                                                        |                                                                                                     |                                                                                                                                       |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2013

SEANA WESTCARR-GRAY  
2736 DELMAR DRIVE  
GREAT FALLS, MT 59404

SUBJECT: GAVCARR FOUNDATION INCORPORATED  
Ref. Number: N03000001186

We have received your document for GAVCARR FOUNDATION INCORPORATED and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 913A00023690

Articles of Amendment  
to  
Articles of Incorporation  
of

Gavcarr Foundation Incorporation

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

N 03000001186

(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)

2736 Delmar Drive  
Great Falls, MT 59404

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2736 Delmar Drive  
Great Falls, MT 59404

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:

N/A

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida  
(City)

(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:

☒ Change  
☒ Remove  
☒ Add

PT John Doe  
V Mike Jones  
SV Sally Smith

change to address only

Type of Action  
(Check One)

Title

Name

Address

1) ☒ Change D/CEO Seana Westcarr-Gray 2736 Delmar Dr  
Great Falls, MT  
59404  
\_\_\_\_ Add  
\_\_\_\_ Remove

2) ☒ Change DF Abrich Gray 2736 Delmar Dr  
Great Falls, MT  
59404  
\_\_\_\_ Add  
\_\_\_\_ Remove

3) ☒ Change D Eulie Westcarr 2736 Delmar Dr  
Great Falls, MT  
59404  
\_\_\_\_ Add  
\_\_\_\_ Remove

4) ☒ Change D Arlene Westcarr Solomon 2736 Delmar Dr  
Great Falls, MT  
59404  
\_\_\_\_ Add  
\_\_\_\_ Remove

5) \_\_\_\_ Change \_\_\_\_\_  
\_\_\_\_ Add \_\_\_\_\_  
\_\_\_\_ Remove \_\_\_\_\_

6) \_\_\_\_ Change \_\_\_\_\_  
\_\_\_\_ Add \_\_\_\_\_  
\_\_\_\_ Remove \_\_\_\_\_

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

## Amendment to Articles of Incorporation's Purpose

The following should be included in the purpose:

- 1) To provide assistance including but not limited to, financial, to children ages 0-18 years, who are in need of major medical/surgical procedures.

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)

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 10/2/13

Signature Seana Westcarr - Gray

(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)

SEANA WESTCARR-GRAY

(Typed or printed name of person signing)

D/CEO

(Title of person signing)