

No 3000011031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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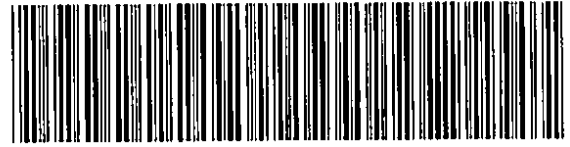
(Business Entity Name)

(Document Number)

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\* CERTIFIED SPECIALIST – TAXATION LAW

+ CERTIFIED SPECIALIST – ESTATE  
PLANNING & PROBATE LAW

▲ OF COUNSEL

DAVID A. MERLINE, Founder  
1934-2015

April 20, 2023

Amendment Section  
Division of Corporations  
P.O. Box 627  
Tallahassee, FL 32314

Re: The Craig & Vicki Brown Family Foundation  
Document Number of Corporation: N03000011031

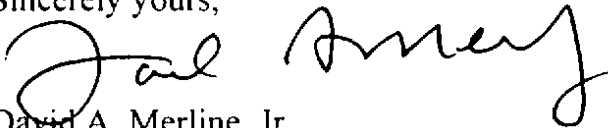
To Whom it May Concern:

Enclosed please find the following:

1. Cover Letter;
2. Check in the amount of \$35 made payable to Florida Department of State for the filing fee; and
3. Articles of Amendment to Articles of Incorporation for the above referenced Corporation.

Please let me know if anything else is required to file this Amendment.

Sincerely yours,



David A. Merline, Jr.

DAMjr,  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Craig & Vicki Brown Family Foundation, Inc.

DOCUMENT NUMBER: N03000011031

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

Please return all correspondence concerning this matter to the following:

David A. Merline, Jr.

\_\_\_\_\_  
(Name of Contact Person)

Merline & Meacham, P.A.

\_\_\_\_\_  
(Firm/ Company)

P. O. Box 10796

\_\_\_\_\_  
(Address)

Greenville, SC 29603

\_\_\_\_\_  
(City/ State and Zip Code)

dmerlinejr@merlineandmeacham.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Merline, Jr.

at 864 242-4080

\_\_\_\_\_  
(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 checked="" 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 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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2023 MAY 26

Articles of Amendment  
to  
Articles of Incorporation  
of

The Craig & Vicki Brown Family Foundation, Inc.

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

N03000011031

(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:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

N/A

(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:

N/A

New Registered Office Address:

N/A

(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*

STATE  
TALLAHASSEE  
FLORIDA

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1-1-2023

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) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	N/A	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	N/A	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	N/A	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	N/A	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	N/A	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	N/A	_____ _____ _____

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SECRETARY OF STATE  
ALAN B. ROBERTS, JR.  
TREASURER

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Paragraph 10 of the Articles of Incorporation is amended to read as follows:

Upon dissolution of the corporation, assets shall be divided into three parts and distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, to the following organizations:

(a) One part equal to fifty percent (50%) thereof to MICHIGAN STATE UNIVERSITY, East Lansing, Michigan, or its

successor, to establish or, if already established, by added to, the Douglas C. Brown Endowed Scholarship Fund.

(b) One part equal to thirty percent (30%) thereof to UNITED MINISTRIES OF GREENVILLE, Greenville,

South Carolina, or its successor, to be used for its general purposes.

(c) One part equal to twenty percent (20%) thereof to UNITED WAY OF GREENVILLE COUNTY, Greenville,

South Carolina, or its successor, to be used for its general purposes.

(d) In the event any part provided for in subparagraphs (a) through (c) above should lapse and no effective alternate

provision has been made for the distribution of such part, then such lapsed part shall be added to and increase the remaining

unlapsed parts in proportion to the percentages indicated of such unlapsed parts.

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FILED

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 2-14-23

Signature Craig D Brown

(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)

Craig D. Brown

(Typed or printed name of person signing)

Chairperson

(Title of person signing)

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