

ND4000009086

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08/28/14--01018--008 **35.00

14 AUG 28 PM 12:37
DIVISION OF STATE
CORPORATIONS

C. LEWIS
SEP 8 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BROWARD COUNTY BUSINESS & PROFESSIONAL WOMEN'S NETWORK INC

DOCUMENT NUMBER: N04000009086

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

Please return all correspondence concerning this matter to the following:

SYLVIA FERGUSON

Name of Contact Person

1BROWARD COUNTY BUSINESS & PROFESSIONAL WOMEN'S NETWORK INC

Firm/ Company

16315 NW 23 COURT

Address

MIAMI GARDENS FL 33054

City/ State and Zip Code

sylviaferguson@bellsouth.net

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

For further information concerning this matter, please call:

SYLVIA FERGUSON

Name of Contact Person

at (786) 320-2136

Area Code & Daytime Telephone Number

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

☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 AUG 28 PM 12:37

BROWARD COUNTY BUSINESS & PROFESSIONAL WOMEN'S NETWORK INC

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

NO4000009086

(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: _____

(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

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>SYLVIA FERGUSON</u>	<u>16315 NW 23 COURT</u> <u>MIAMI GARDENS</u> <u>FL 33054</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>DEBORAH JONES-ALLEN</u>	<u>775 NW 116 STREET</u> <u>MIAMI FL 33168</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>ANN MCPHEE-MOORMAN</u>	<u>8841 W. LONG ACRE DR</u> <u>MIRAMAR FL 33025</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>BERNADINE BUSH</u>	<u>3015 NW 49 STREET</u> <u>MIAMI FL 33142</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>ARNETHA THOMAS</u>	<u>8841 W. LONG ACRE DR</u> <u>MIRAMAR FL 33025</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>FS</u>	<u>ROBERTA FELTON</u>	<u>8841 W. LONG ACRE DR</u> <u>MIRAMAR FL 33025</u>

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

2. **Methodology:** A cross-sectional survey was conducted among healthcare workers in various hospitals and clinics. The survey included questions about demographic information, work-related factors, and mental health symptoms.

3. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. Factors such as long working hours, exposure to COVID-19 cases, and lack of social support were associated with higher levels of mental distress.

4. **Conclusion:** The findings highlight the need for mental health support and interventions for healthcare workers during the COVID-19 pandemic. Further research is needed to explore the long-term effects and develop effective coping strategies.

The date of each amendment(s) adoption: 8/11/14, if other than the date this document was signed.

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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

Signature

8/11/14
Sylvia Ferguson
(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)

Sylvia Ferguson

(Typed or printed name of person signing)

President

(Title of person signing)