

N0500000:1 1501

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*Amend*

11/12/21--01034--010 \*\*35.00

A. RAMSEY  
DEC 20 2021

2021 DEC 17 AM 9:01  
STATE OF ARIZONA  
CLERK OF SUPERIOR COURT

FILED

X 00789, 04135, 00524, 00671

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

St. Vincent De Paul Society, Inc.

NAME OF CORPORATION: \_\_\_\_\_

N0500001501

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Richard L. Brooks II, Esq.

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

St. Augustine Law Group, P.A.

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

2740 US Highway 1 South

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

St. Augustine, FL 32086

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

rich@staugustinelawgroup.com

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

For further information concerning this matter, please call:

Julia Newton

(904)

990 - 7777

at

\_\_\_\_\_  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2021

RICHARD L. BROOKS II, ESQ.  
ST. AUGUSTINE LAW GROUP, P.A.  
2740 US HIGHWAY 1 SOUTH  
ST. AUGUSTINE, FL 32086 US

SUBJECT: ST VINCENT DE PAUL SOCIETY INC  
Ref. Number: N05000011501

We have received your document for ST VINCENT DE PAUL SOCIETY 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):

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

The attorney in fact must sign on behalf of one of the officers of the corporation or one of the officers needs to sign the amendment form and list their name and title.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 221A00029479

2021 DEC 17 AM 7:40

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

St. Vincent De Paul Society Inc

2021 DEC 17 AM 9:01

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

N0500001501

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

(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*

**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 type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Laura D. Pierle</u>	<u>19 McMillian St.</u> <u>St. Augustine, FL 32084</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>Leslie Massucco</u>	<u>19 McMillian St.</u> <u>St. Augustine, FL 32084</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>David O'Byrne</u>	<u>19 McMillian St.</u> <u>St. Augustine, FL 32084</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>Bud Horan</u>	<u>19 McMillian St.</u> <u>St. Augustine, FL 32084</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

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[illegible]

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

11/09/21

Dated \_\_\_\_\_

Signature \_\_\_\_\_

*RLB II Attorney-in-Fact obo President David Byrne*  
(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)

Richard L. Brooks II, Esq. - Attorney in Fact

\_\_\_\_\_  
(Typed or printed name of person signing)

Attorney for LLC & Registered Agent

\_\_\_\_\_  
(Title of person signing)