

**N 06 050012991**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : THERREL BAISDEN, LLP  
Account Number : 120140000065  
Phone : (305)371-5758  
Fax Number : (305)371-3178

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
JAMES D. & MARILYN A. EVANS FAMILY FOUNDATION, INC.**

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March 1, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
JAMES D. & MARILYN A. EVANS FAMILY FOUNDATION, INC.  
1700 PARK LANE SOUTH  
SUITE # 3  
JUPITER, FL 33458

SUBJECT: JAMES D. & MARILYN A. EVANS FAMILY FOUNDATION, INC.  
REF: N06000012991

We have received your electronically transmitted document. However, document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

This was sent under new filing for Florida profit/non profit corporation. The fax coversheet needs to be for a corporation amendment.

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.

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H24000061765

Letter Number: 724A00004011

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TALLAHASSEE, FL  
AM 9:06

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: James D. & Marilyn A Evans Family Foundation, Inc.

DOCUMENT NUMBER: N06000012991

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

Please return all correspondence concerning this matter to the following:

Nicholas M. Daniels, Esq.

(Name of Contact Person)

Therrel Baisden, LLP

(Firm/ Company)

1 SE 3rd Avenue, Suite 2950

(Address)

Miami, FL 33131

(City/ State and Zip Code)

NDaniels@TherrelBaisden.com

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

For further information concerning this matter, please call:

Nicholas M. Daniels

305

371-5758

(Name of Contact Person)

at

(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

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Articles of Amendment  
to  
Articles of Incorporation  
of

James D. &amp; Marilyn A. Evans Family Foundation, Inc.

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

N06000012991

(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:

Evans Family Foundation, Inc.

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

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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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action: (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D, C, P	Marilyn A. Evans	3195 SE Gran Park Way Stuart, FL 34997
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D, VP	James D. Evans, Jr.	3195 SE Gran Park Way Stuart, FL 34997
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D, VP	Laura A. Champion	3195 SE Gran Park Way Stuart, FL 34997
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D, S, T	Nicholas Amaro	3195 SE Gran Park Way Stuart, FL 34997
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	AT, AS	Maricarmen Rodriguez	3195 SE Gran Park Way Stuart, FL 34997
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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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.

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- ☒ 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 February 14, 2024

Signature Marilyn A. Evans  
(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)

Marilyn A. Evans

(Typed or printed name of person signing)

Chairman of Board of Directors

(Title of person signing)

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