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2021 JUN -3 PH 12: 48
SECRETARY OF STATE
TALL AND SEE STATE

A. Butler

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Lymphangiomatosis &	& Gorham's Disease Alliance, Inc.
DOCUMENT NUMBER: N07000007001	
The enclosed Articles of Amendment and fee are subm	nitted for filing
The enclosed Africies of Amenament and fee are suom	nico in milg.
Please return all correspondence concerning this matter	r to the following:
Michael E. Kelly	
	(Name of Contact Person)
Lymphangiomatosis & Gorham's Disease Alliance, Inc	c
	(Firm/ Company)
131 N. Wheaton Road	
	(Address)
Akron, OH 44313	
(	(City/ State and Zip Code)
michael.kelly@lgdalliance.org E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call.
rol future information concerning this matter, prease	Curi.
Adiabata D. Malla	at _262
Michael E. Kelly (Name of Contact Person)	(Area Code) (Daytime Telephone Number)
·	
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & □\$52.50 Filing Fee  Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee  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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassec, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

2021 JUN -3 PM 12: 48 Lymphangiomatosis & Gorham's Disease Alliance, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FL N07000007001 (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: 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. Lymphangiomatosis & Gorham's Disease Alliance, Inc. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 131 N. Wheaton Road Akron, OH 44313\_ C. Enter new mailing address, if applicable: Lymphangiomatosis & Gorham's Disease Alliance, Inc. (Mailing address MAY BE A POST OFFICE BOX) 131 N. Wheaton Road Akron, OH 44313 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 (Zip Code) (City) 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:  X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Presiden	John F. Kelly	19919 Villa Lante Place Boca Raton, FL 33434
x Remove			
2) Change Add	Executiv	Michael E. Kelly	131 N. Wheaton Road Akron, OH 44313
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption			if other than the
The date of each amendment(s) adoption	····		
date this document was signed.			
Effective date if applicable:	(no more than 90 days after amendn	vant filo data)	
	(no more inan 90 aays ajier amenan	иет зне шиез	
Note: If the date inserted in this block do document's effective date on the Department.	es not meet the applicable statutory function of State's records.	iling requirements, this date will no	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of	votes cast for the amendment(s)	

Datad	May 30, 2021	
Dated		
Signature	John	2 / al
Signature	By the chairman or vic	e chairman of the board, president or other officer-if directors
	have not been selected other court appointed	d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)
	John F. Kelly	
		(Typed or printed name of person signing)
	President	