N0800009612

(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	; #)	
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SECRETARY OF STATE

JUL 22 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

Patien NAME OF CORPORATION:	t Safety Organization	of Florida, Inc.			
N0900000	9612				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment a	nd fee are submitted f	for filing.			
Please return all correspondence concer	ning this matter to the	e following:			
Martha DeCastro					
	(Name	e of Contact Perso	on)		
PSO Florida					
	(F	Firm/ Company)			
306 E. College Ave.					
		(Address)			
Tallahassee, FL 32301					
-	(City/	State and Zip Co	de)		
martha@fha.org					
E-mail addre	ess: (to be used for fut	ure annual report	notification)	-
For further information concerning this	matter, please call:				
Martha DeCastro		8. at	50	222-9800	
(Name of C	Contact Person)		Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following ar	nount made payable t	o the Florida Dep	partment of S	tate:	
	(Ad	.75 Filing Fee & tified Copy ditional copy is closed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section			t Address Idment Section	on	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 CORPORATION

Patient Safety Organization of Florida, Inc.

2816 JUL 15 PM 2: 39

(Name of Corporation	as currently filed with the Flo	rida Dept. of State)
N08000009612		
(Docur	nent Number of Corporation (if l	known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word		The new d" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the nam	<u>e</u> .	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable:	BOY	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	
·		
 If amending the registered agent and/or registered agent and/or the new registered. 		, enter the name of the
	Martha DeCastro	
Name of New Registered Agent:	200 F. C-11 A .	
	306 E. College Ave.	Florida street address)
New Registered Office Address:		Tortaa Sireel qaaress)
	Tallahassee	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		of the obligations of the position.
	March. 12	
-	Signature of New Regi	stered 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	<u>V</u> <u>Mil</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	William A. Bell	306 E. College Ave.
Add			Tallahassee, FL
X Remove			32301
2) Change	D	Martha DeCastro	306 E. College Ave.
X Add			Tallahassee, FL
Remove			32301
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	-	
	, <u>.</u>		

	June 17, 2016		
The date of each amendmen		F 1: + 1.	, if other than the
date this document was signe	d.	SECKETARY OF	STATE
	June 17, 2016	HVISION OF COR	PORATION
Effective date if applicable:			
	(no more than 90 days after amendment file date)	2016 JUL 15 F	PH 2: 39
	this block does not meet the applicable statutory filing requirement the Department of State's records.	nts, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were sufficient for a	were adopted by the members and the number of votes cast for thapproval.	e amendment(s)	
There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment directors.	t(s) was/were	
Dated Signature (By the have	the chairman or vice chairman of the board, president or other office not been selected, by an incorporator – if in the hands of a receive court appointed fiduciary by that fiduciary)	cer-if directors ver, trustee, or	_
	ruce Rueben		
_	(Typed or printed name of person signing)		
P	resident		
-	(Title of person signing)		