## N090000204

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Skinner Round	d Up for Charity Inc	
DOCUMENT NUM	BER: N09000000204		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mate	ter to the following:	
		ela Skinner	
	(Name of	Contact Person)	
***************************************	(Firm	/ Company)	<del></del>
. <u> </u>	201 Ces	sna Blvd Ste 4	
	(/	Address)	
	· · · · · · · · · · · · · · · · · · ·	inge FL 32128 te and Zip Code)	
For further information	gmwilco	xon@live.com d for future annual report noti	fication)
Angela Skinner		at ( 386 ) 295-6	009
· · · · · · · · · · · · · · · · · · ·	of Contact Person)		ytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departm	ent 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)
Amer Divis P.O.	ing Address Indment Section It ion of Corporations Box 6327 Inassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

## Articles of Amendment to Articles of Incorporation of

FILED

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	Ind Up For Charity Inc. TALLAHASSEE FLORES
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
(Document Na	umber of Corporation (if known)
suant to the provisions of section 617.1006 following amendment(s) to its Articles of	6, Florida Statutes, this <i>Florida Not For Profit Corporation</i> add Incorporation:
If amending name, enter the new name	of the corporation:
new name must be distinguishable and reviation "Corp." or "Inc." "Company"	contain the word "corporation" or "incorporated" or the or "Co." may not be used in the name.
Enter new principal office address, if ap incipal office address <u>MUST BE A STRE</u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	
•	
If amending the registered agent and/or new registered agent and/or the new registered agent a	registered office address in Florida, enter the name of the gistered office address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
v Registered Agent's Signature, if changereby accept the appointment as register ition.	zing Registered Agent: ed agent. I am familiar with and accept the obligations of
	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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
		\$ MARKET STATE OF THE STATE OF	_
			_ □ Add □ Remove
			_
			Remove
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be spec		
ARTICLE I	X		
Said origin	ation is organized exclusively for	charitable and educational	
purposes, i	including, for such purposes, the r	making of distributions to orga	nizations
that qualify	y as exempt organizations under s	section 501(c) (3) of the Intern	al
	Code, or corresponding section of		
	· · ·		
Upon the d	issolution of the organization, ass	ets shall be distributed for	
one or mor	e exempt purposes within the mea	aning of section 501 (c) (3)	
of the Inter	nal Revenue Code, or correspond	ling section of any future	
federal tax	code, or shall be distributed to the	e federal government, or	·
to a state o	or local government, for a public pu	urpose. Any such assets	
not dispose	ed of shall be disposed of by the C	Court of Common Pleas of	
the county	in which the principal office of the	organization is then	
located, ex	clusively for such purposes or to	such organization or	
organizatio	ons, as said Court shall determine,	, which are organized and	
operated e	xclusively for such purposes.		

The date of each amendmen	t(s) adoption: 6/1/2010
Effective date <u>if applicable</u> :	(date of adoption is required) 6/1/2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_6/1/2	aSetu
hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Angela Skinner
·	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)