N09000009407

(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Family Pa	artnerships, Inc.
DOCUMENT NUMBER: N0900009	407
The enclosed Articles of Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Tina White	
	(Name of Contact Person)
Family Partnerships, Inc.	•
	(Firm/ Company)
7320 SR. 52	
	(Address)
Hudson, FI 34667	
	(City/ State and Zip Code)
familypartnerships	s@gmail.com For future annual report notification)
For further information concerning this matter, please	
Tina White	_{at (} 727) 234-7795
(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 \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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PH 12: 22	1

Family Partnerships, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) NO900009407

(Document Number of Corporation (if known)

ovisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following

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name must be aistinguisnable and conta "Company" or "Co." may not be used		ion" or "incorporated" or the abbreviation "Co	orp." or
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		7320 SR. 52	
		Hudson, Fl. 34667	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7320 SR. 52	
		Hudson, Fl. 34667	
		e address in Florida, enter the name of the	
D. If amending the registered agent a new registered agent and/or the new registered agent and a new registered agent a			
	ew registered office a	ddress:	
new registered agent and/or the no	7320 SR 52	ddress:	
new registered agent and/or the no	7320 SR 52	ddress:	
new registered agent and/or the no	7320 SR 52	ddress: [Plorida street address]	
new registered agent and/or the no	7320 SR 52	ddress:	

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 <math>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>Mik</u>	<u>1 Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SD	Beverly Plummer	6188 Seaside
Add			New Port Richey, FI 34652
X Remove			
2) Change	TD	Lynn Needs	Post Office Box
Add			Hudson, Fl. 34674
X Remove			
3) Change	2VP	Heather Psofimas	6825 Trouble Creek Rd
Add			New Port Richey, Fl. 34653
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			•
Add			
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption: 12/11/2012
Effective date <u>if applicable</u> :	12/11/2012
	(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 n adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated 12/1	1/2012
Signature	a white
(By the c	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
Tina Wh	nite
 	(Typed or printed name of person signing)
Executiv	ve Director
	(Title of person signing)