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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Makayla Joy Sitton Hemorial Fund, I
DOCUMENT NUMBER: <u>N/000000</u> 189
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Minor
MURIEL SITTON (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
104 Via HERMOUT
104 Via VERACRUZ (Address)
Jupiter FL. 33458
Jupiter FL. 33458  (City/State and Zip Code)  mjtv@bellsouth.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MURIEL SIHW at 561 741-4959 (Area Code & Daytime Telephone Number).
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
■\$35 Filing Fee  \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy
(Additional Copy enclosed)
is enclosed)
Mailing Address  Amendment Section  Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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

N10000000	189	: '			• •		
(Document N	umber of Co	rporatio	n (if known)	)		-	1
ursuant to the provisions of section 617.100 ne following amendment(s) to its Articles of			his <i>Florida</i>	Not For	Profit Corp	oration ado	pts
. If amending name, enter the new name	of the corpo	oration:				_	
Makayla Joy	Sitta	V 1	DUNIDA	1101	$V, \mathcal{I}_{I}$	VC.	
he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company"</u>						" or the	
Enter new principal office address, if a						·	
Principal office address <u>MUST BE A STRI</u>	<u>EET ADDRE</u>	<u>(SS</u>		•			
		٠ ٠ ·					
Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)	le: FICE BOX)	-			······································	<del></del>	
•							
				*, j			
. If amending the registered agent and/o	r registered	office a	ddress in F	Iorida, e	nter the na	me of the	
new registered agent and/or the new re							
Name of New Registered Agent:				•			
				. 1	1		
New Registered Office Address:	<del></del>	(Florid	street addr	ess)		-	,
		·		÷ +	, Florida		
			(City)	- 1		Code)	
ew Registered Agent's Signature, if chan	ging Registe	rod Am	m#•				
hereby accept the appointment as register				and acc	ept the obl	igations of	the
osition.		٠.		. ;			
_	Signature o	f New R	egistered Ac	ent. If co	hanging	,	
•		,,		, ,			

Page 1 of 3

## 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>	Name	Address	Type of Actio
			☐ Add ☐ Remove
-	·		- . □ Add
	<del> </del>		Remove
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***			Remove
			, , ,
E. <u>If amending</u> (attach addit	or adding additional Articles, entergional sheets, if necessary). (Be specified)	change(s) here:	
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The date of each	amendment(s) ad	loption: July	1,2010	* "	
Effective date if	applicable:	(date of adop	tion is required)	†	
		(no more than 90 days a	ster amendment fi	le date)	
Adoption of Am	endment(s)	(CHECK ONE)		•	
	ent(s) was/were addicient for approval.	opted by the members and the	e number of votes	cast for the ame	ndment(s)
	members or members of directors	ers entitled to vote on the am	nendment(s). The	amendment(s) v	vas/were .
				•	
	Dated July Signature	1,2010.	litton		 
	have not	hairman or vice chairman of been selected, by an incorport appointed fiduciary by the	orator — If in the l		
•	· · · · · · · · · · · · · · · · · · ·	MURIEL			<i>*</i> ₹
•	•	(Typed or printed na	me of person sign	ing)	·
		V.P.		• •	
		(Title of perso	n signing)		

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