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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>Cattie B. Finkl</u>	ea Foundation, Inc.	
DOCUMENT NUM	BER: N10000002855		,
The enclosed Articles	of Amendment and fee are sub-	mitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
		ean Sinclair Contact Person)	
	(Name of	Contact i cisony	
	Cattie B. Fink	lea Foundation, Inc.	
	(Firm	/ Company)	
	1954 McC	Girts Point Blvd	
	(A	Address)	
	Jackson	ville, FL 32221	
		te and Zip Code)	······
		air@aol.com	
	·	d for future annual report notific	cation)
For further information	on concerning this matter, please	e call:	
Taurean Sinclair		at (904) 382-23	46
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Departmen	nt of State:
□\$35 Filing Fee	2 \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address Idment Section Ion of Corporations Box 6327 Dassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

Cattie B. Finklea Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept, of State)

N100	00002855			
(Document Numb	er of Corporation	on (if known)		
rsuant to the provisions of section 617.1006, F e following amendment(s) to its Articles of Inco		this Florida Not For	Profit Corporation ad	iopts
If amending name, enter the new name of t	he corporation	Ľ		
e new name must be distinguishable and con breviation "Corp." or "Inc." "Company" or			corporated" or the	
Enter new principal office address, if application of the control				
				1.0 N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			. V 0
				→
				OR _A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	gistered office	address in Florida, ei	iter the name of the	7/0#S
Name of Naw Pagistarad Agent:	ereu office adu	<u>ress.</u>		
Name of New Negistered Agent.				
New Registered Office Address:	(Florid	da street address)		
_	,		, Florida	
		(City)	(Zip Code)	
w Registered Agent's Signature, if changing the appointment as registered a sition.			ept the obligations of	f the

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
		····		
		<u> </u>		
-				
(attach ad Article III-	Iditional sheets, if ned The specific purp	•	corporation is organized is:	
			rograms, educational oppor	rtunities and
funding to	disenfranchised t	amilies and comm	nunities.	
		, ,	**************************************	
				
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The date of each amendmen	nt(s) adoption: November 15, 2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	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 d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated_Nov	vember 15, 2010
Signature	The store
(B	y the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Taurean Sinclair
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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