

N10000007753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

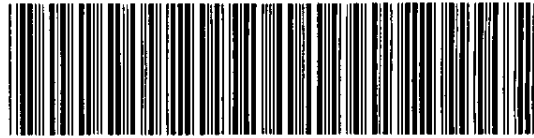
(Business Entity Name)

(Document Number)

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2015 AUG 14 PM 2:12
SECRETARY OF STATE
TOLSON

FILED

AUG 17 2015
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2015

LAVERN KELLY
NATIONAL COALITION OF 100 BLACK WOMEN
520 WEST LAKE MARY BLVD STE 102
SANFORD, FL 32773

Ref. Number: N1000007753

We have received your document for and your check(s) totaling \$53.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE PAGE 4 OF 4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 315A00017041

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: National Coalition of 100 Black Women-Central Florida Chapter, Inc.

DOCUMENT NUMBER: N10000007753

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lavern Kelly

(Name of Contact Person)

National Coalition of 100 Black Women-Central Florida Chapter, Inc

(Firm/ Company)

520 West Lake Mary Blvd Suite 102

(Address)

Sanford, FL 32773

(City/ State and Zip Code)

knaservices@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lavern Kelly

904

237-0134

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED

National Coalition of 100 Black Women-Central Florida Chapter, Inc

2015 AUG 14 PM 2:12

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

N10000007753

FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Lavern Kelly

520 West Lake Mary Blvd Suite 102

Sanford, FL 32773

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

520 West Lake Mary Blvd Suite 102

Sanford, FL 32773

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Lavern Kelly

520 West Lake Mary Blvd Suite 102

(Florida street address)

New Registered Office Address:

Sanford

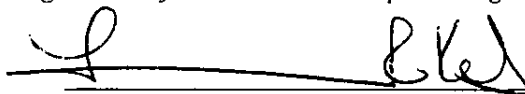
(City)

Florida 32773

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>Pres</u>	<u>Deloris B Batson</u>	<u>4403 Oakham Court</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32860</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>Pres</u>	<u>Lavern Kelly</u>	<u>520 West Lake Mary Blvd</u>
<input checked="" type="checkbox"/> Add			<u>Suite 102</u>
<input type="checkbox"/> Remove			<u>Sanford, FL 32773</u>
3) <input type="checkbox"/> Change	<u>1st VP</u>	<u>Lavern Kelly</u>	<u>P.O. Box 607669</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32860</u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>1st VP</u>	<u>Valmarie Turner</u>	<u>P.O. Box 607669</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32860</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>Treasurer</u>	<u>Deloris B Batson</u>	<u>P.O. Box 607669</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32860</u>
<input checked="" type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u>Treasurer</u>	<u>Chantel Bowie</u>	<u>P.O. Box 607669</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32860</u>
<input type="checkbox"/> Remove			<u></u>

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>R/CS</u>	<u>Shena Rascoe</u>	<u>P.O. Box 607669</u>
<input type="checkbox"/> Add			<u>Orlando, FL 32860</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>R/CS</u>	<u>Thelisha Thomas</u>	<u>P.O.Box607669</u>
<input checked="" type="checkbox"/> Add			<u>Orlando,FL 32860</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>Fin.Sec</u>	<u>Paulette Thomas</u>	<u>P.O. Box 607669</u>
<input checked="" type="checkbox"/> Add			<u>Orlando, FL 32860</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.


The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8/17/2015 _____
Signature  _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Lavern R. Kelly

(Typed or printed name of person signing)

President

(Title of person signing)