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TALLAHASSEE FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, Ft. 32314

DADE NAME OF CORPORATION:	COUNTY CHAPTE	R OF THE LINKS	S. INCOR	PORATED	
N11000001					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment at	nd fee are submitted fo	or filing.			
Please return all correspondence concer	ning this matter to the	following:			
Kim McCray					
	(Name	of Contact Person	)	·····	
	(Fi	rm/ Company)			
P.O. Box 530246					
	_	(Address)			
Miami, Ft. 33153					
	(City/ S	tate and Zip Code	·)		
dadecountylinks@gmail.com					
E-mail addre	ss: (to be used for futu	ire annual report o	otificatio	n)	
For further information concerning this	matter, please call:				
Kim McCray		954 at		298-5141	
(Name of C	ontact Person)	(Arc	ca Code)	(Daytime Telephone Nur	nber)
inclosed is a check for the following an	nount made payable to	the Florida Depa	rtment of	State:	
■ \$35 Filing Fee □S43.75 F Certifica	ate of Status Certif	fied Copy itional copy is	Certif Certif	Difiling Fee leate of Status led Copy tional Copy is used)	
Mailing Address  Amendment Section		Street /	Address nent Sect	on	
Division of Corporation	ons	Division	i of Corpo	orations	
P.O. Box 6327		The Ce	ntre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

HLED

DADE COUNTY CHAPTER OF THE LINKS, INCORPORATED

2024 JAN 12 AM 10: 28

(Name of Corporation as currently filed with the	e Florida Dept. of State)	110300 7 3 3
N11000001980		
(Docum	nent Number of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ed" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
D. If amending the registered agent and/or reginew registered agent and/or the new register		la, enter the name of the
Name of New Registered Agent:	Kim McCray	
	17413 SW 22nd St.	and St.
		(Florida street address)
<u>New Registered Office Address:</u>		33029
		, Florida
<u>New Registered Office Address:</u>		33029

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

Thereby 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: X Change X Remove X Add	PT V SV	John Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	<b>_</b> ,	Thompson, Ottolita	5476 SW 191 Terrace Miramar, Fl. 33029
* Remove				
2) Change Add	T	_	Grav, Tablia	4151 SW 21 Street West Park, FL 33023
Remove 3) Change Add Remove		-		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add	<del> </del>	-		
Remove				
E. If amending or addin (attach additional shee			cles, enter change(s) here: (Be specific)	
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The date of each amendment(s date this document was signed.	s) adoption:			, if other than the
_	01/12/2024			
Effective date if applicable:		90 days after amendment,	file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the e Department of State's re	applicable statutory filing ecords.	requirements, this date will not	be listed as the
Adoption of Amendment(s)	( <u>CHECK Of</u>	<u>SE</u> )		
			e onet for the amandment of	
The amendment(s) was/we was/were sufficient for app	re adopted by the membe proval.	ers and the number of votes	s east for the amendment(s)	

•

	01/12/2024
Dated	
Signatu	re d'internation
<i></i>	(By the chairman or vice chairman of the board, president or other officer-if director, have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Kim McCray
	(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were