

11/10/22, 12:45 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

N11 000002485

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To:

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: FOUNDATION@RIVEROFGRASSUU.ORG

COR AMND/RESTATE/CORRECT OR O/D RESIGN
RIVER OF GRASS UNITARIAN UNIVERSALIST CONGREGATION C

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J. HORNE

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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

H22000384783

River of Grass Unitarian Universalist Congregation Capital Foundation, Inc.

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

N11000002485

(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:

N/A

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:

3225 N Hiatus Rd

(Principal office address MUST BE A STREET ADDRESS)

Unit 452485

Sunrise, FL 33345

C. Enter new mailing address, if applicable:*(Mailing address MAY BE A POST OFFICE BOX)*

3225 N Hiatus Rd

Unit 452485

Sunrise, FL 33345

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:*(Florida street address)*New Registered Office Address:_____, Florida
(City) (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

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	P TR	Gil Kip Barkey	1100 SE 5TH CT, #24 POMPANO BEACH, FL 33060
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	T TR	Corey Fleming	461 CAMERON DR WESTON, FL 33326
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	TR	Melissa Buchler	3225 N Hiatus Rd Unit 452485 SUNRISE, FL 33345
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	TR	Jacque Velazque	3225 N Hiatus Rd Unit 452485 SUNRISE, FL 33345
<input checked="" 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			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

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[illegible]

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(s) of votes cast for the amendment(s) was/were sufficient for approval.

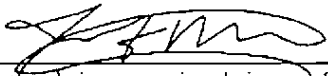
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- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/10/2022

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)

Jennifer A. Miglioni

(Typed or printed name of person signing)

President

(Title of person signing)