## N11000005039

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GEORGIA CHARITABLE TRUST, INC.
N11000005039	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Barry Shisgal	
	(Name of Contact Person)
c/o The Bernstein Law Firm	
	(Firm/ Company)
3050 Biscayne Boulevard, Suite 403	
	(Address)
Miami, Florida 33138	
	(City/ State and Zip Code)
shisgal@gmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Kristen Ledesma	305 672-9544 at
(Name of Contact	
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of	Fee & U\$43.75 Filing Fee & U\$52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is enclosed) 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

## HEART OF GEORGIA CHARITABLE TRUST, INC.

——————————————————————————————————————		
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)
N11000005039		
(Document Nur	nber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, outer the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	ration" or "incorporated"	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2015 ( SEC TALL
<u></u>		CT 20 I
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent:		Dr: 0.
New Registered Office Address:	(Flor	ida street uddress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registers I hereby accept the appointment as registered agent. I am		he obligations of the position.
	Signature of New Revister	red 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	<u>V</u> <u>Mi</u>	hn <u>Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	David Shine	10800 Biscayne Boulevard
Add			#830
X Remove			North Miami, FL 33161
2) Change	D	Butch Milner	10800 Biscayne Boulevard
Add			#830
X Remove			North Miami, FL 33161
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (attach additional sheets, if necessary). (Be specific)				
	- · · · · · · · · · · · · · · · · · · ·			
	<del></del>			
	The state of the s			

The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.	ot be listed as the
Ada	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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 10/9/2015	
	Signature Parts L	<del></del>
	(by the charman or viet 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)	
	Barry Shisgal	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	