

NIHONSHOUDAI

Many Katherine Arons
(Requestor's Name)

(Requestor's Name)

601 E. College Ave

(Address)

(850-766-5872)

(Address)

Tallahassee FL, 32303

(City/State/Zip/Phone #)

PICK-UP

www.IT

MAIL

Capitol Alliance Group

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900311908629

04/13/18--01001--001 **35.00

卷之三

10 EPR 12 PM 3:40

Amel

R WHITE

APR 13 2018

COVER LETTER

**TO: Amendment Section
Division of Corporations**

LARKIN COMMUNITY HOSPITAL FOUNDATION, INC.

NAME OF CORPORATION:

N11000011019

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

Kristina Gaddy Malpuro

(Name of Contact Person)

Larkin Community Hospital

(Firm/ Company)

5996 SW 70 STREET 5TH FLOOR

(Address)

SOUTH MIAMI, FL 33143

(City/ State and Zip Code)

kgaddy@larkinhospital.com

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

For further information concerning this matter, please call:

Sandy Sosa Guerrero

305 284-7700

284-7700

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

\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed) \$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 18 APR 12 AM 9:12

Larkin Community Hospital Foundation

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

N11000011019

(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)

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

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

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:

<u>X</u> Change	<u>PT</u>	John Doe
<u>X</u> Remove	<u>V</u>	Mike Jones
<u>X</u> Add	<u>SV</u>	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>T</u>	DeMarquette Dwayne Kent	5996 SW 70 STREET 5TH FLOOR
	<u> </u>		South Miami, FL 33143
	<u> </u>		
2) <input type="checkbox"/> Change	<u> </u>		
	<u> </u>		
	<u> </u>		
3) <input type="checkbox"/> Change	<u> </u>		
	<u> </u>		
	<u> </u>		
4) <input type="checkbox"/> Change	<u> </u>		
	<u> </u>		
	<u> </u>		
5) <input type="checkbox"/> Change	<u> </u>		
<input checked="" type="checkbox"/> Add	<u> </u>		
	<u> </u>		
	<u> </u>		
6) <input type="checkbox"/> Change	<u> </u>		
	<u> </u>		

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

• Handwriting or adding additional Articles, enter changes (attach additional sheets, if necessary). (Be specific)

April 8, 2018

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

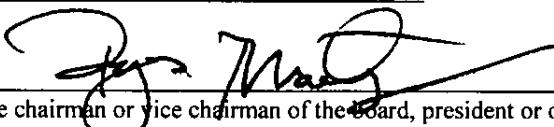
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 April 10, 2018

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)

Reyes Martinez

(Typed or printed name of person signing)

President

(Title of person signing)