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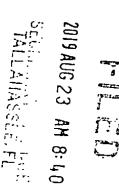
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COVER LETTER

Division of Corporations NAME OF CORPORATION: Charlotte neams 2000004686 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■ \$1\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status - Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Incorporation of
Charlotte's Dreams Low Projet Dra (Name of Corporation as currently filed with the Fforida Dept. of State)
M12000004686 (Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Charly tes Breast CANCEr Survivors NON Propy't name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Con" "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: 487 Bounton Bare Circle
B. Enter new principal office address, if applicable: 487 Boynton Bar Circle (Principal office address MUST BE A STREET ADDRESS) Boyn ton BEACH, 719 334
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)
<u>New Registered Office Address</u> :
(City) (Zip Code)
no de la companya del companya de la companya de la companya del companya de la companya del la companya de la
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.

Page 1 of 4

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:

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	\supset	Maia En	isle_	97315W16th Court
Aad Remove				Pembroke Pines (Pi 71 a 33025
2) Change	Ţ.	Gina He	rnandez	12565 Military Tro
Add Remove				#923 Deerfield BEACH 21A 33442
3) Change				
Remove				
4) Change				
Add Remove				
5) Change				
Add				
Remove				
6) Change	<u>-</u>		-	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
	(anden additional sheets, if necessary).	ine specificy				
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The date of each amendment(s) adoption: 08/18/20/9 . if other than the date this document was signed.
Effective date <u>if applicable</u> : 08/18/2019
(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) (<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the members and the number of votes east 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.
Signature 18 18 2019 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)
CHARlotte L. Dowdell (Typed or printed name of person signing)
C. E. O. Charlotte L. Dowdell
(Title of person signing)