N12000005841

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000239878600

none Chouse &

09/26/12--01032--002 **35.00

CONCIARY OF STATE

CB113.

9/2/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE COVENAN	T FOUNDATION, I	NC.
DOCUMENT NUMBER: N12000005841		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
HERMOINE GUILLAME		
	Name of Contact Person)
THE COVENANT FOUNDATION, INC.		
	(Firm/ Company)	
1700 NW 7TH AVENUE		
	(Address)	
FT. LAUDERDALE, FL 33311		
	City/ State and Zip Code	e)
E-mail address: (to be used	for future annual report r	notification)
For further information concerning this matter, please of	eall:	
TIA MAJOR	at (754	779.2495
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{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	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ř.,

Articles of Amendment to Articles of Incorporation of

FILED

THE COVENANT FOUNDATION, INC.	2012 CEP 25 AN 11. 50
(Name of Corporation as currently filed with the Florida Dept. of State)	2012 SEP 26 AM 11: 52
) <u>2</u> Q00005841	SEURE ARY OF STATE TALLAHASSEE. FLORIDA
(Document Number of Corporation (if known)	MELANA SSEE. FLORIDA
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For</i> amendment(s) to its Articles of Incorporation:	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
THE COVENANT CARE FOUNDATION, INC.	The new
name must be distinguishable and contain the word "corporation" or "incorporated "Company" or "Co." may not be used in the name.	" 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 <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address:	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:	
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 changin	g

Page 1 of 4

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: XChange X Remove X Add	V Mil	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	MOISE, JEANNIE	10804 NW 2ND AVENUE
Add			MIAMI, FL33168
X Remove			
2) Change	<u>T</u>	HONORE, MARIE	19390 COLLINS AVENUE
Add			#1023 SUNNY ISLES
X Remove			BEACH, FL 33160
3) Change	<u>s</u>	MUNDY, WINSOM	11530 NW 56 DRIVE #102
X Add			CORAL SPRINGS, FL
Remove			33076
4) Change	<u>T</u>	STEPHEN, ALLISON	4026 INVERRARY BLVD.
X Add			APT.1118
Remove			LAUDERHILL, FL 33319
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
(attach additional sheets, if necessary).	(Be specific)	
	and the state of t	
	-	

The date of each amendment(s) adoption: 08/14/12		
Effective date if applicable:	08/14/12	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors. All Million (Melli Roune)	
(By the	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	
	(Title of person signing)	