

N12000 010 187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000332486000

08/02/19--01003--032 **52.50

FILED

19 AUG -2 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 09 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

C DIFF FOUNDATION

DOCUMENT NUMBER:

N/2000010187

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

Please return all correspondence concerning this matter to the following:

NANCY C. CARALLA

(Name of Contact Person)

C DIFF FOUNDATION

(Firm/ Company)

7813 MITCHELL BLVD - SUITE 106C

(Address)

NEW PORT RICHEY, FL 34655

(City/ State and Zip Code)

cdiff.foundation@yahoo.com

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

For further information concerning this matter, please call:

NANCY C. CARALLA

(Name of Contact Person)

at

919-201-1512

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

N 12000010187

(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:
(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:

(City)

Florida,
(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

FILED
19 AUG -2 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VC</u>	<u>ROWLAND W. DORY</u>	<u>6391 IAN CT</u> <u>#14</u> <u>NEWPORT RICHEY, FL</u> <u>34653</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>TONY DEL MONACO</u>	<u>93 ST. LOUIS AVE</u> <u>HERMON, ME 04401</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DR.</u> <u>MEDICAL</u>	<u>AHMED AL MANDALAWI</u>	<u>PO BOX 10588</u> <u>ROAD 2447</u> <u>17812000 ER DEPT</u> <u>JUFFAIR MANAMA BH</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>ANGELO ORTIZ</u>	<u>11390 US Hwy 19 #207</u> <u>PORT RICHEY, FL 34668</u>
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			

FILED
 19 AUG -2 PM 1:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NANCY C. CARALLA, PRESIDENT - SCOTT BATTLES, VICE-PRESIDENT.
AND ANGEL ORTIZ, CFO WILL BE LISTED ON ALL
FINANCIAL ACCOUNTS FOR THE CASH FOUNDATION
FOR AS LONG AS THEIR PARTICIPATION AS AN
OFFICER IN THE CASH FOUNDATION. IF AND
WHEN A LETTER OF RESIGNATION IS RECEIVED BY
SAID PRESIDENT, OFFICERS SCOTT BATTLES, VP AND/OR
ANGEL ORTIZ, CFO NAMES WILL BE REMOVED
FROM ALL FINANCIAL ACCOUNTS WITH WRITTEN
NOTIFICATION TO CONFIRM THIS ACTION. EACH
OFFICER MENTIONED IN THIS SECTION WILL HAVE
ACCESS TO / CONDUCT BUSINESS FROM ALL FINANCIAL
ACCOUNTS.

FILED
19 AUG -2 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Effective date if applicable: AUGUST 1, 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) (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 July 30, 2019

Signature Nancy C. Caralla, President
(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)

NANCY C. CARALLA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILED
19 AUG -2 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA