N1300000 8885

(Requestor's Name) (Address)	800362441948
(Address)	000302441940
(City/State/Zip/Phone #)	04/05/2101042004 **43.75
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	2021 APR SECRETALLA
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APR 2 1 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: The Perfect Storm	Charity Inc.			
DOCUMENT NUMI	N113000008885				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Mary L. Malakan				
		Name of Contact Perso		_	
	The Perfect Storm Charity Is				
		Firm/ Company			
	245 S 56th St, #55				
		Address		_	
	Mesa, AZ 85206				
		City/ State and Zip Coo	le		2021
	mary.tpsc@gmail.com				2021 APR
	E-mail address: (to be us	sed for future annual repor	t notification)		ار
For further information	n concerning this matter, pleas	se call:		Y OF ST	5 AH 10: 12
Mary L. Malakan		at (317 - 1207	근품	-2
Name (of Contact Person		ode & Daytime Telephone Num	iber	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	partment of State:		
S35 Fiting 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)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, F1, 32314	Amen Division The C	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation

	Artialae	to of Incorporation	. •	
	Articles	of		
The Perfect Storm Charity Inc.			PRO PR	
(Name of Corporation as currently filed with the	Florida D	ept. of State)		eq.
N13000008885				, ij
(Docum	ient Numbe	er of Corporation (if k	nown)	كلتما
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute:	s, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporati	on:		
			The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated	d" or the abbreviation "Corp." or "Inc."	
	_	1380 SW Village Ce	nter Dr.	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		Port St Lucie, FL 34	987	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B <u>OX</u>)	245 S 56th St., #55		
		Mesa, AZ 85206		
	•			
D. If amending the registered agent and/or registered agent and/or the new register			, enter the name of the	
Name of New Registered Agent:	Mary L. M			
Nume of New Register angen.	1380 SW V	Village Center Dr.		
		(F	lorida street address)	
New Registered Office Address:	Port St Luc	cie	34987 . 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.

Mora & Mille

If amending the Officers and/or Directors,	, enter the title and name of $\mathfrak c$	each officer/director being	removed and title, name,
and address of each Officer and/or Directo		_	

(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	PT John Do V Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	<u>P</u>	Mary L. Malakan	245 S 56th St., #55 Mesa, AZ 85206
Remove 2) Change × Add	<u>D</u>	Calyx Harrell	245 S 56th St., #56 Mesa, AZ 85206
Remove 3) Remove × Add Remove	D	Jennifer Hofmann	245 S 56th St., \$56 Mesa, AZ 85206
4) Change Add	<u>D</u>	Michael Stewart	1380 SW Village Center Dr Port St Lucie, FL 34987
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	
		this corporation is organized is to address so	
disabilities, and neurodive			or mental finess, developmental

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- g- ge				
	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·	
The date of each amendment(s) adopt date this document was signed.	ion:			, if other than the
Effective date <u>if applicable</u> :				
	(no more than 90 da	ys after amendmen <mark>t f</mark> i	le date)	
Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the appli ment of State's records	cable statutory filing r s.	equirements, this date will	not be listed as the
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.

Dars	April 1, 2021
Dated	
Signatu	Way 1 Malahan
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Mary L. Malakan
	Mary L. Malakan (Typed or printed name of person signing)