

N13000011236

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(Address)

(City/State/Zip/Phone #)

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2017 AUG 10 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

AUG 10 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BI/CLM Foundation, Inc.

DOCUMENT NUMBER: N13000011236

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

Please return all correspondence concerning this matter to the following:

Adam Potter

(Name of Contact Person)

CLM Group, Inc.

(Firm/ Company)

4100 S. Hospital Drive, Ste. 209

(Address)

Plantation, FL 33317

(City/ State and Zip Code)

adam.potter@theclm.org

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

For further information concerning this matter, please call:

Adam Potter

212

724-2345

at

(Name of Contact Person)

(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 type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2017

ADAM POTTER
4100 S. HOSPITAL DRIVE
SUITE 209
PLANTATION, FL 33317

SUBJECT: BI/CLM FOUNDATION, INC.
Ref. Number: N13000011236

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This document was previously filed on June 14, 2017.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 217A00014229

Articles of Amendment
to
Articles of Incorporation
of

FILED

BI/CLM Foundation, Inc.

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

2017 AUG 10 PM 1:06

N13000011236

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

BI/CLM Charitable Initiative, Inc.

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**)

4100 S. Hospital Drive, Ste. 209

Plantation, FL 33317

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4100 S. Hospital Drive, Ste. 209

Plantation, FL 33317

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:

Same as previous

(Florida street address)

New Registered Office Address:

Same as previous

(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

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VP</u>	<u>John McGann</u>	<u>91 Turning Mill Road</u>
<input type="checkbox"/> Add			<u>Concord, MA 01742</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Deborah Saunders</u>	<u>3 Osprey Lane</u>
<input checked="" type="checkbox"/> Add			<u>West Deptford, NJ 08086</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>Linda Lane</u>	<u>113 Natures Way</u>
<input checked="" type="checkbox"/> Add			<u>Ponte Vedra Beach, FL 32082</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S</u>	<u>Susan Wisbey-Smith</u>	<u>4100 S. Hospital Drive</u>
<input checked="" type="checkbox"/> Add			<u>Plantation, FL 33317</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

[illegible]

June 8, 2017

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

June 8, 2017

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.

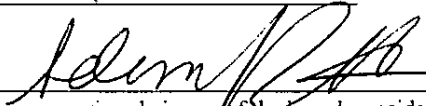
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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.

June 12, 2017

Dated

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)

ADAM POTTER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)