## N1400000 8574

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Jacksonville African Ar NAME OF CORPORATION:	nerican Cultural Arts Foundation, Inc
N1400008574 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	o the following:
Anna M Matthews	
(N	ame of Contact Person)
Jacksonville African American Cultural Arts Foundation	is, Inc
	(Firm/ Company)
6708 Corday Ct	
•	(Address)
Jacksonville, Florida 32208	
(C	ity/ State and Zip Code)
matthews10.am@gmail.com	
E-mail address: (to be used for	r future annual report notification)
For further information concerning this matter, please ca	11:
Anna M Matthews	904 228-5672 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
	\$43.75 Filing Fee &  Certified Copy (Additional copy is enclosed)  \$\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sum}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) Jacksonville African American Cultural Arts Foundation, Inc. N1400008574 (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 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Florida \_ (Zip Code) (City) 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: 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 Add	N/A		
Remove			-
2) Change Add	N/A	<u> </u>	
Remove 3) Remove Add Remove	N/A	<del>-</del>	
4) Change Add	N/A		
Remove			
5) Change Add	N/A		
Remove			
6) Change Add	N/A		
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
ARTICLE III - THE SPE	CIFIC PU	JRPOSE FOR WHICH THIS CORPORATION IS C	DRGANIZED IS:
TO SUPPORT COMMU	NITY HE	EALTH, EDUCATION AND CULTURAL ACTIVE	TIES; TO SPONSOR AND/OR
PARTICIPATE IN COM	MUNITY	Y ACTIVITIES THAT ADDRESS THE NEEDS OF	FAMILIES, SENIORS AND
VETERANS AND TO E	NGAGE	IN CHAIRITABLE AND EDUCATIONAL ACTIV	/ITIES WITNIN THE MEANING
OF SECTION 501(C)(3)	THROUG	GH FUNDRAISING AND VOLUNTEERISM	

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	. May 1, 2020	*C - Alice Alice Alice
The date of each amendment(s) adopt date this document was signed.	tion:	, if other than the
	2020	
Effective date if applicable:  June 1, 2		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will tment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	

opted by the bo	
Datad	May 13,2020
Dated	
Signatur	Ann M. Withhan
- · · · · · · · · · · · · · · · · · · ·	(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)
	other court appointed fiduciary by that fiduciary)
	other court appointed fiduciary by that fiduciary)  Anna M Matthews
	Anna M Matthews
	Anna M Matthews

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were