N14000009319

Office Use Only



200372678282

COVER LETTER

TO: Amendment Section Division of Corporations

THE MARK GARWOOD SHARE FOUNDATION, INC.

NAME OF CORPORATION:	
N14000009319	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
JOHN G. GARWOOD	
	(Name of Contact Person)
THE MARK GARWOOD SHARE FOUNDA	FION, INC
	(Firm√ Company)
1701 NE OCEAN BLVD. #301	
	(Address)
STUART, FLORIDA 34996	
	(City/ State and Zip Code)
JGGARWOOD@GMAILCOM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
JOHN G. GARWOOD	772 225-3366
	rson) (Area Code) (Daytime Telephone Number)
(Name of Contact Pe	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	& =\$43.75 Filing Fee &
Mailing Address Amendment Section	Street Address Amendment Section

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

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

THE MARK GARWOOD SHARE FOUNDATION, INC.

(Name of Corporation as currently filed with the Flo N14000009319	orida Dept. of State)	1 12.
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida No	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the co N/A	rporation:	The new
name must be distinguishable and contain the word "co	orporation" or "incorpor	
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	N/A Y	
D. If amending the registered agent and/or register	ed office address in Flor	ida, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:	!/A 	
	 	(Florida street address)
<u>New Registered Office Address:</u> A	$y_{\mathbf{A}}$	
	· · · · · · · · · · · · · · · · · · ·	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	stered Agent: am familiar with and acc	cept the obligations of the position.
	Signature of New Re	gistered 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 hold. 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: Y<			
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	VPD	SARAH SAHIBZADA	521 MISTY OAKS RUN CASSELBERRY, FLORIDA 32707
	VPD	ANSLEY DOUGHTY	13860 WATERCHASE WAY JACKSONVILLE, FLORIDA 32224
X Remove			
4) Change Add			
Remove 5)ChangeAddRemove			
6) Change Add			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A			

			_
			1.2
	.		
		<u></u>	<u> </u>
	·····		
			
	, , , , , , , , , , , , , , , , , , ,		
			· · · · · · · · · · · · · · · · · · ·
The date of each amendment(SEPTEMBER 1, 20: a) adoption:	21	, if other than the
date this document was signed.			
Effective date if applicable:	SEPTEMBER 1, 2021		
	(no more than 90 days a	ter amendment file date)	
Note: If the date inserted in thi document's effective date on the		statutory filing requirements, this d	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/we was/were sufficient for app		number of votes cast for the amend	ment(s)

adopted by the board of	directors.
SEP	IEMBER 3, 2021
Dated	The Storwood
(By the have a other	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) OHN G. GARWOOD
`	(Typed or printed name of person signing) Fice President /SECRETARY
	(Title of person signing)

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