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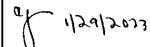


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COVER LETTER

TO: Amendment Section Division of Corporations Mark Garwood SHARE Foundation Inc NAME OF CORPORATION: EIN# 47-2095276 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mark Garwood SHARE Foundation, jggarwoode gmail com For further information concerning this matter, please call: Erica Garwood at 954 - 873 - 3883

(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: □ \$35 Filing Fee □\$43.75 Filing Fee & ☑\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

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

Enclosed)

(Additional Copy is

Articles of Amendment to Articles of Incorporation of

The Hark Garwood	Share Founda	tion, Inc.	2022 NOV -2 AM 7: 21
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	Docum	eret.
EIN# 47	2095276	NIHOM	0009B119,55FF FI
(Document N	umber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not	For Profit Corporation a	dopts the following
A. If amending name, enter the new name of the corp	oration:		
UAKK GAR	and Franch	tion. Trc.	The nav
name must be distinguishable and contain the word "corp" "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 ADDRE	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		da, enter the name of the	<u> </u>
Name of New Registered Agent:			
		(Florida street address)	
New Registered Office Address:			
		, Florida	l
	(City)	(Zip)	Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		pt the obligations of the p	position.
	Signature of New Reg	istered 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 Doo Mike Jor Sally Sm	<u>ies</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
I) Change Add		_		
Remove			-	
2) Change Add		-		
Remove 3) Remove Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional shee	eg addition	onal Artic essary).	eles, enter change(s) here: (Be specific)	
				

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	15.11-	12-22			
The date of each amendment(s) adoption: date this document was signed.	(0)	2/2022	-		_, if other than the
Effective date if applicable:					
(ne	more than 90 da	ys after amendm	ent file date)		
Note: If the date inserted in this block does to document's effective date on the Department			ling requirements,	this date will not b	e listed as the
Adoption of Amendment(s)	CHECK ONE)				
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and	I the number of v	otes cast for the ar	mendment(s)	

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 10/23/2022
Signature
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Erica Garyand
(Typed or printed name of person signing)
President
(Title of person signing)