

N14 0000 11022

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(Business Entity Name)

(Document Number)

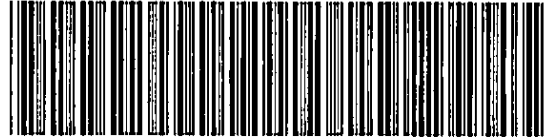
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SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NATIONAL COALITION OF 100 BLACK WOMEN, INC. SOUTH PALM BEACH COUNTY CHAPTER

NAME OF CORPORATION: \_\_\_\_\_

DOCUMENT NUMBER: N14000011022

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

Please return all correspondence concerning this matter to the following:

LATOSHA CLEMONS

\_\_\_\_\_  
(Name of Contact Person)

NATIONAL COALITION OF 100 BLACK WOMEN, INC. SOUTH PALM BEACH COUNTY CHAPTER

\_\_\_\_\_  
(Firm/ Company)

1530 W BOYNTON BEACH BLVD, #4313

\_\_\_\_\_  
(Address)

BOYNTON BEACH, FL 33424

\_\_\_\_\_  
(City/ State and Zip Code)

1530 W BOYNTON BEACH BLVD, #4313

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

For further information concerning this matter, please call:

PRESIDENT@NCBW100SPBC.ORG

\_\_\_\_\_  
(Name of Contact Person)

561

\_\_\_\_\_  
(Area Code)

438-5092

\_\_\_\_\_  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED  
 2022 MAR 31 AM 9:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Articles of Amendment  
 to  
 Articles of Incorporation  
 of

NATIONAL COALITION OF 100 BLACK WOMEN INC. SOUTH PALM BEACH COUNTY CHAPTER

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

N14000011022

(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:**

*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**)

LATOSHA CLEMONS

1530 W BOYNTON BEACH BLVD #4313

BOYNTON BEACH, FL 33424

**C. Enter new mailing address, if applicable:**  
 (Mailing address **MAY BE A POST OFFICE BOX**)

LATOSHA CLEMONS

P O BOX 224094

WEST PALM BEACH, FL 33422

**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:

LATOSHA CLEMONS

1530 W BOYNTON BEACH BLVD #4313

(Florida street address)

New Registered Office Address:

BOYNTON BEACH

(City)

, Florida 33424

(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.*

 3/22/2022  
 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. If 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 Remove, 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DP</u>	<u>CLEMONS, LATOSHA</u>	<u>1530 W BOYNTON BEACH BLV</u> <u>#4313</u> <u>BOYNTON BEACH, FL 33424</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D/VP</u>	<u>LEONARD, SHATENDA</u>	<u>232 NW 8TH AVENUE</u> <u>DELRAY BEACH, FL 33444</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>JACKSON, DESIREE</u>	<u>1180 LANDINGS RUN</u> <u>GREENACRES, FL 33413</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D/T</u>	<u>MCCALL, GEORGIA</u>	<u>137 TARA LAKES DRIVE W</u> <u>DELRAY BEACH, FL 33436</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>

E. If amending or adding additional Articles, enter change(s) here:

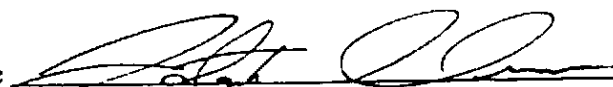
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: OCTOBER 1, 2021, if other than the date this document was signed.

Effective date if applicable: MARCH 15, 2022  
(no more than 90 days after amendment file date)

- ☒ 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 MARCH 15, 2022

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)

LATOSHA CLEMONS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)