## N140000 11080

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| PICK-UP                   | WAIT              | MAIL      |  |  |  |
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| (Document Number)         |                   |           |  |  |  |
| Certified Copies          | Certificates      | of Status |  |  |  |
| Special Instructions to F | Filing Officer:   |           |  |  |  |
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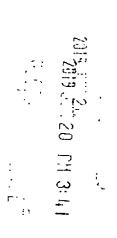
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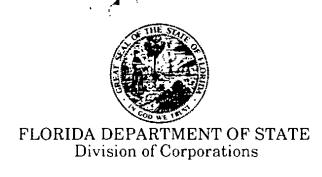


## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: Citrus County Co                    | mmunity Charitable Found  | ation, Inc.  |  |  |
|--|---|---|--|--|--|
| DOCUMENT NUM   | BER: N14000011080                           |   |  |  |  |
|  | of Amendment and fee are s                  | ubmitted for filing.  |  |  |  |
| Please return all corre  | spondence concerning this ma                | atter to the following:   |  |  |  |
|  | Tabitha Wells                               |   |  |  |  |
|  |   | Name of Contact Perso   | n  |  |  |
|  | Wells Business Solutions, L.                | LC  |  |  |  |
|  |   | Firm/ Company   | <del></del>  |  |  |
|  | 107 N. Apopka Ave                           |   |  |  |  |
|  | Address                                     |   |  |  |  |
|  | Inverness, FL 34450                         |   |  |  |  |
|  |   | City/ State and Zip Cod   | e  |  |  |
| tabith   | a@wellsbizsolutions.com                     |   |  |  |  |
|  |   | sed for future annual report  | notification)  |  |  |
| For further information  | n concerning this matter, plea              | se call:  |  |  |  |
| Tabitha Wells  |   | at (  | 423-4290   |  |  |
| Name o   | of Contact Person                           | Area Code & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for  | the following amount made                   |   |  |  |  |
| \$35 Filing Fee  | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| 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



June 7, 2019

TABITHA WELLS 107 N APOPKA AVE INVERNESS, FL 34450

SUBJECT: CITRUS COUNTY COMMUNITY CHARITABLE FOUNDATION, INC.

Ref. Number: N14000011080

We have received your document for CITRUS COUNTY COMMUNITY CHARITABLE FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White Regulatory Specialist III

2019 JUN 20 PR

Letter Number: 519A00011456

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:  | ounty C   | tinummo                              | y Charitable Foun  | datio |
|---|---|--------------------------------------|--|-------|
| DOCUMENT NUMBER: N14 0000 11  |   |                                      | <u> </u>   | [AC   |
| The enclosed Articles of Amendment and fee are subm                   |   |                                      |  |       |
| Please return all correspondence concerning this matter               | to the following:   |                                      |  |       |
| Tabitha Wells   |   |                                      | <u> </u>   |       |
| (   | Name of Contact   | Person)                              |  |       |
| Wells Business Solu   | tions, 1  | uc_                                  |  |       |
|   | (Firm/ Compa  | my)                                  |  |       |
| 107 N. Apopka Ave.  |   |                                      |  |       |
|   | (Address)   |                                      |  |       |
| Inverness FL 3445   | 0   |                                      |  |       |
| Inverness FL 3445   | City/ State and Zi  | ip Code)                             | <del></del>  |       |
| + abitna@ wellsbizg   |   | Com                                  |  |       |
| E-mail address: (to be used   | for future annual   | report notification                  | )  |       |
| For further information concerning this matter, please of             | :all:   |                                      |  |       |
| Tabitha Wells (Name of Contact Person)                                |   | at 352.                              | 423.4290   |       |
| (Name of Contact Person)  |   | (Area Code)                          | (Daytime Telephone Number)                                       |       |
| Enclosed is a check for the following amount made pay                 | able to the Florid  | a Department of S                    | tate:  |       |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing For Certified Copy (Additional copenciosed) | Certifi<br>y is Certifi              | Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |       |
| Mailing Address   |   | Street Address                       | \n.  |       |
| Amendment Section Division of Corporations                            |   | Amendment Section  Division of Corpo |  |       |

Amendment Section Division of Corporation: P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

| Citrus County Commun   | nry Charitable For                       | undation, Inc.                   |
|--|--|----------------------------------|
| (Name of Corporation a   | is currently filed with the Florida Der  | ot. of State)                    |
| N14000011080   |  | * · · · ·                        |
| (Docume  | ent Number of Corporation (if known)     |                                  |
| Pursuant to the provisions of section 617,1006, Floridamendment(s) to its Articles of Incorporation; | da Statutes, this Florida Not For Profit | Corporation adopts the following |
| A. If amending name, enter the new name of the o   | corporation:                             |                                  |
|  |  | The new                          |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.    |  | e abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicab   |  |                                  |
| (Principal office address <u>MUST BE A STREET AD</u>   | ODRESS )                                 |                                  |
|  |  |                                  |
|  |  |                                  |
| C. Enter new mailing address, if applicable:   |  |                                  |
| (Mailing address <u>MAY BE A POST OFFICE B</u>   | <u>ON</u> )                              |                                  |
|  |  |                                  |
|  |  |                                  |
|  |  |                                  |
| D. If amending the registered agent and/or regist<br>new registered agent and/or the new registere.  |  | he name of the                   |
| new registered agent and/or the new registere  | WOME AND USS.                            |                                  |
| Name of New Registered Agent   | <del></del> _                            | <del></del>                      |
| _  |  |                                  |
| New Registered Office Address:   | (Florida stre                            | eet address)                     |
| New Registered Office Address.   |  |                                  |
| -  | (0)                                      | , Florida                        |
|  | (City)                                   | (Zip Code)                       |
| New Registered Agent's Signature, if changing Ro   | egistered Agent:                         |                                  |
| I hereby accept the appointment as registered agent  | I am familiar with and accept the obl    | igations of the position.        |
|  |  |                                  |
| _  | Signature of New Registered As           | ant if clanaina                  |
|  | SIGNATURE OF SEW RESIMETER AS            | ECIA. II CIKIIEIIE               |

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><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith |                                   |
|-----------------------------------|------------------------------------|---------------------------------------|-----------------------------------|
| Type of Action<br>(Check One)     | <u>Title</u>                       | <u>Name</u>                           | <u>Addres</u> s                   |
| 1) Change Add                     | P                                  | Michael Gudis                         | PO BOX 2706<br>Inverses a 3445    |
| Remove 2) Change Add              | <u>S</u>                           | Jeffrey Wallis                        | PD BON 2706<br>Invernos FL 34451  |
| Remove 3 ) Change Add             | P                                  | Sophia Diaz-Forseca                   | PO BOX 2706<br>Inverness PL 34451 |
| Remove Change Add                 | <u>S</u>                           | Sonya Warden                          | PD Box 2706<br>Inveness A 34451   |
| Remove Change Add                 | I                                  | Kelley De Maio                        | PD BOX 2706<br>Inverses PL 34451  |
| Remove  6) Change  Add  Remove    |                                    |                                       |                                   |

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| The date of each amendment(s) adoption:date this document was signed.   | , if other than the |
|---|---------------------|
| Effective date if applicable: 6 14 2019   |                     |
| (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 document's effective date on the Department of State's records.  | : listed as the     |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )   |                     |
| 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.  Dated  Signature  (By the chairman of vice chairman of the board, president or other officer-if directors have not been selegted, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  (Typed or printed name of person signing) | -                   |
| Tyloswy (Title of person signing)   |                     |
| (Title of person againg)  |                     |