

N15000002116

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMPLETION OF MEMORANDUM OF PALM BEACH COUNTY, INC.

DOCUMENT NUMBER: N15000002116

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

Please return all correspondence concerning this matter to the following:

CHARLES J. GILBERT, II
(Name of Contact Person)

COMPLETION OF MEMORANDUM OF PALM BEACH COUNTY, INC
(Firm/ Company)

435 SOUTHEAST 2ND ST. SUITE #4, BELLE GLADE, FL. 33430
(Address)

BELLE GLADE, FL. 33430
(City/ State and Zip Code)

WE CAN READ 2018 @ Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES J. GILBERT, II at 561-856-7562
(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 & 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)

NOTE: FEE PAID / REC'D AS OF 4/5/2018 (AMENDMENT)

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

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2018

CHARLES J GILBERT II
435 SE 2 ST STE 2
BELLE GLADE, FL 33430

SUBJECT: THE COALITION OF MEN OF PALM BEACH COUNTY, INC.
Ref. Number: N15000002116

We have received your document for THE COALITION OF MEN OF PALM BEACH COUNTY, 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 218A00006910

Articles of Amendment
to
Articles of Incorporation
of

COMPLETION OF MEN OF PALM BEACH COUNTY, INC.

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

NI 5 00000 2116

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2019 JUN -3 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

_____ Florida _____

(City)

(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.

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:

| | | |
|--|-----------|--------------------|
| <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>PSI</u> | <u>CHARLES J. GILBERT, II</u> | <u>435 SOUTHEAST 2ND ST, SUITE 1</u> <u>BELLE GLADE, FLORIDA 3341</u> |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

CHARITABLE, NOT-FOR-PROFIT WORK, ASSISTING YOUTH OF PALM BEACH COUNTY
AND BEYOND, IN DEVELOPING THEIR ACADEMIC FOUNDATIONS; CULTURAL AWARENESS;
AND WORK ETHIC TO IMPROVE EMPLOYMENT OPPORTUNITIES, AS WELL AS ^{MEETING} THEIR
PHYSICAL AND SPECIAL NEEDS FOR A "WHOLE-PERSON" APPROACH AND EFFECT

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

Effective date if applicable: IMMEDIATE
(no more than 90 days after amendmem file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- 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 ~~January 19, 2018~~ ^{C.G.} DECEMBER 19TH, 2018

Signature Charles J. Gilbert, II

(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)

CHARLES J. GILBERT, II
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)