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Division of Corporations
NAME OF CORPORATION: Peace of Heart Community Inc.
DOCUMENT NUMBER: N / 5 0000 4513
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIELA RUSHING GROSHELL (Name of Contact Person)
Peace 2 Heapt Community Shc.
(Firm/ Company)
14A South Roscoe Blod.
, ,
Porte Vidra Beach Fe 32.082 (City/ State and Zip Code)
(City/ State and Zip Code)
MARiela@Pohc.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIELA CROSHELL at 904 395-3825 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)
Mailing Address Street Address

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

Name of Corporation as currently filed with the Florida Dept.	of State)
N 150000 0 45	513
(Document Number of (Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this mendment(s) to its Articles of Incorporation:	is Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name.	or "incorporated or the abbreviation "Corp. or "Inc.
3. Enter new principal office address, if applicable:	7f.
Principal office address <u>MUST BE A STREET ADDRESS</u>)	(A)
	:=
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
If amending the registered agent and/or registered office add	ldress 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 street address)
New Registered Office Address:	, Florida
New Registered Office Address:	
New Registered Office Address:	Florida City) (Zip Code) nt:

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: XChange X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	·
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add		Ryan DeVoe	12875 BROAD ST CARMEL, IN.
Remove 2) Change Add		Mitch GARDNER	ZZZ Galleon PL PONTE VEDRA, FL
Remove 3) Change Add Remove			32081
4) Change Add			
Remove			
5) Change Add		 	
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
			

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The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
Enecuve date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the a	mendment(s)

Dated	7/17/20
Signature	amy Lishell
hav	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Amy GROSHELL
	(Typed of printed name of person signing)