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I ALBRITTON

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: LEONARD Johnson Foundation INC	
DOCUMENT NUMBER: N 15000004722	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Schelines Hannis	
Schewique HARRIS (Name of Contact Person)	
LEONARD Johnson FOUNDATION INC. (Firm/ Company)	
(Firm/ Company)	
1110 PAIM Bluff STREET	
(Address)	
CIEARWATER, FL. 33755 (City/ State and Zip Code)	
(City/ State and Zip Code)	
Pib://8 & Yakco. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
W:1/1AM FIORENTINO at (727) 743-9901 (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:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  S35 Filing Fee & Salsmitt  Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Amendment Section	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
2001 EAGUARTY CHIEF CHOIC	

2661 Executive Center Circle Tallahassee, FL 32301



November 1, 2016

SCHENIQUE HARRIS LEONARD JOHNSON FOUNDATION INC 1110 PALM BLUFF STREET CLEARWATER, FL 33755

SUBJECT: LEONARD JOHNSON FOUNDATION INC

Ref. Number: N15000004722

We have received your document for LEONARD JOHNSON FOUNDATION INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Letter Number: 316A00023414

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment

Articles of Incorporation of

LEONARD Johnson 1  (Name of Corporation as curren	FOUNDATION	INC	
(Name of Corporation as curren	tly filed with the Florid	la Dept. of State)	
N15	00000472	2_	
(Document Numb	er of Corporation (if kno	own)	_
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adopts the	e following
A. If amending name, enter the new name of the corporat	<u>ion:</u>		
Tohnson FoundaT name must be distinguishable and contain the word "corpora	ION INC		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated"	or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	) <i>N/A</i>		
			26
			- <del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA		0.0
		:a	
		<u>.</u>	
D. If amending the registered agent and/or registered offi	ce address in Florida, e	enter the name of the	্ৰ
new registered agent and/or the new registered office a	iddress:	,	
Name of New Registered Agent:	N/A		
New Registered Office Address:	(Flo	rida street address)	
	(City)	, Florida (Zip Code)	
	,	(Zip Coae)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept to	he obligations of the position.	
	ignature of New Register	red 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>nes</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		-		-	
Add					
2) Change		-			
Add				•	
3 ) Change		-		•	
Remove					
4) Change Add		-			
Remove					
5) Change Add	<del></del>	-		•	
Remove					
6) Change Add		-		-	
Remove				,	

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	A A A A A A A A A A A A A A A A A A A
·	

The date of each amendment(s) date this document was signed.	adoption: October 1, 2016	, if other than th
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the I	plock does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the eval.	amendment(s)
☐ There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(ctors.	s) was/were
Dated	12/23/20/6	
Signature		· ·
have not	airman or vice chairman of the board, president or other office been selected, by an incorporator — if in the hands of a receive rt appointed fiduciary by that fiduciary)	
	Schewigies Hannis (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	•
_/	RESIDENT, LEONAND Johnson (Title of person signing)	Foundation Inc
	(Title of person signing)	•