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JUN 27 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cruising with Purpose
DOCUMENT NUMBER: N LOCOCOCO 427
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Chusing with Purpose (Firm/Company)
911 harber City Bluel. (Address)
molboune, FL 32936 (City/ State and Zip Code)
Crusus (to be used for future annual report notification) 4 Com
For further information concerning this matter, please call:
(Name of Contact Person) at (30) 446-2306 (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) 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

Articles of Amendment

to

Articles of Incorporation

CAIRING W	in Purpose INC.
(Name of Corporation as	s currently filed with the Florida Dept. of State)
Mount	127
Docume	nt Number of Corporation (if known)
	la Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or Jnc."
B. Enter new principal office address, if applicabl	
(Principal office address MUST BE A STREET AD	DRESS)
, ,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	melbonne IFL 32985
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the loffice address:
Name of New Registered Agent:	
<u>New Registered Office Address</u> : 	(Hlorida stredi address) Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	gistered 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: X_Change X_Remove X_Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change		
Add		
Remove		
2) Change		
Add		
Remove		
3) Change	<u> </u>	
Add		
Remove 4) Change		
4) Change Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

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

Article VIII

Purpose

This organization is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

The Specific purposes for which this corporation is organized include, but are not limited to educational purposes.

The organization may be dissolved only with the authorization of its Board of Directors given at a special meeting called for that purpose, and with the subsequent approval by no less than two-thirds (2/3) vote of the members. In the event of the dissolution of the organization, the assets shall be applied and distributed

	each amendment(s ament was signed.	s) adoption: June	14,2016	, if other than the
Effective dat	e <u>if applicable</u> :	(no more than 90 days	after amendment file date)	
		s block does not meet the applicabe Department of State's records.	le statutory filing requireme	ents, this date will not be listed as the
Adoption of	Amendment(s)	(CHECK ONE)		
	endment(s) was/we e sufficient for app	re adopted by the members and the proval.	e number of votes cast for t	he amendment(s)
	e no members or not be the board of di	nembers entitled to vote on the am rectors.	endment(s). The amendme	nt(s) was/were
	Dated	<u>une 14,201</u>	6	
	Signature	Parene A	· Noger	00
	have no	cha)rman or vice chairman of the bot been selected, by an incorporate ourt appointed fiduciary by that fiduciary	r - if in the hands of a recei	
		(Typed or prin	ted name of person signing)
	St	esident	tle of person signing)	,,,,,,