

N160000003775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

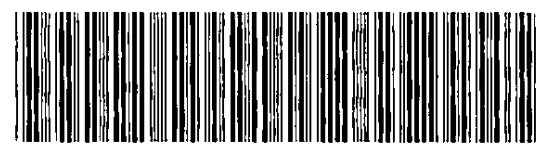
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 12 2010
S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ADVOCATES FOR COMMUNITY RECONCILIATION AND EMPOWERMENT, INC

DOCUMENT NUMBER: N16000003775

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

Please return all correspondence concerning this matter to the following:

BETH FOUNTAIN

(Name of Contact Person)

(Firm/ Company)

518 3RD AVE S #1115

(Address)

ST PETERSBURG, FL 33701

(City/ State and Zip Code)

BETH.FOUNTAIN@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

BETH FOUNTAIN

727

5484698

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

~~Please call 727-548-4698 for each information~~

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)

Money Order 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
of

ADVOCATES FOR COMMUNITY RECONCILIATION AND EMPOWERMENT, INC

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

N16000003775

(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:

COMMUNITY RISING PINELLAS, INC

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY
TALLAHASSEE, FL

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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:

NA

(Florida street address)

New Registered Office Address:

NA

(City)

Florida

(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.

NA

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 = Trustees; 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>	NA
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>	
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>	

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
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)

ARTICLE III: TO ADVOCATE FOR COMMUNITY RECONCILIATION AND EMPOWERMENT, SOCIAL JUSTICE,
AND COMMUNITY IMPROVEMENT; TO CONDUCT PROGRAMS OR MAKE GRANTS CONSISTENT WITH
THOSE PURPOSES; AND ANY AND ALL OTHER PURPOSES, IN SUCH A MANNER AS IS CONSISTENT WITH
EXEMPTION UNDER THE INTERNAL REVENUE STATUTE, US CODE 501(c)(3), AND SUCH LAWS LATER
ADOPTED.

ARTICLE IV: THE CORPORATION SHALL HAVE NO MEMBERS NOR ISSUE ANY STOCK.

ARTICLE VI: THE MANNER IN WHICH THE CORPORATION WILL BE DISSOLVED OR ASSETS DISPOSED
OF SHALL BE CONSISTENT WITH IRC 501(c)(3), AND, SPECIFICALLY, THAT ALL NET ASSETS BE DONATED
TO ANOTHER SUCH EXEMPT ORGANIZATION.

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

Effective date if applicable: _____
(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 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 May 25, 2017 _____

Signature *Beth Fountain* _____

(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)

Beth Fountain

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 17 JUL 10 PM 6:06