## N/600000 3839

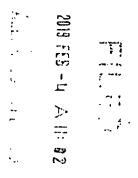
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

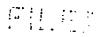
NAME OF CORPORATION	Living Hungry ON:				
	N16000003839				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Maura Plante					
		(Name of Contact Pers	son)	-	
Living Hungry					
		(Firm/ Company)			
208 Summa Street					
		(Address)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
West Palm Beach, FL, 3340	5				
,	(	City/ State and Zip Co	ode)		
maura@livinghungry.org					
E	-mail address: (to be used	for future annual repo	rt notification	1)	_
For further information conc	erning this matter, please o	eall:			
Maura Plante		=	561	400-2712	
· · ·	(Name of Contact Person)			(Daytime Telephone Number)	_
Enclosed is a check for the fe	ollowing amount made pay	able to the Florida De	partment of	State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & I Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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



Living Hungry				2019 FF	2 -11	ه دان ۸
(Name of Corporation	n as currently	filed with t	he Florida Dept			<del>7 \ 11 \ 2</del>
N16000003839				<u>,</u>		
(Docu	ment Number	of Corporation	on (if known)		<del></del>	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes,	this <i>Florida</i>	Not For Profit (	Corporation ac	dopts the	e followinį
A. If amending name, enter the new name of th	e corporation	<u>ı:</u>				
NA						The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		n" or "incor	porated" or the	abbreviation '	"Corp."	
		١A				
B. Enter new principal office address, if application (Principal office address <u>MUST BE A STREET A</u>						
	_					
		•				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY!	۱A				
muning dadress MAT BE A COST OF FICE	<u> </u>	<del></del>				
	_					
	-					<del></del>
D. If amending the registered agent and/or regi			lorida, enter th	e name of the	-	
new registered agent and/or the new register		iress:				
Name of New Registered Agent:	NA ——					
New Registered Office Address	:		(Florida street	( address)		
	NA			,,,,		
		(City)		Florida (Zip C		
New Registered Agent's Signature, if changing I	Danistanad 4	vont.				
New Registered Agent's Signature, ii changing i I hereby accept the appointment as registered ager			accept the oblig	ations of the p	osition.	
-				<del></del>		
	Sign	iature of New	: Registered Age	nt, if changing	<i>(</i>	

## 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	<u>V</u> <u>Mi</u>	in <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Kimberly Alvord	1580 Bluefin Court
Add			Naples. FL
X Remove			34102
2) Change			
Add			
Remove			
3 ) Change			
Remove			
4) Change			
Add			
Remove			
5) Change		····	
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	<u>nere</u> :		
NA				
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an data é a de anti-mandana	June 3, 2018	te al late a
The date of each amendmen date this document was signed		, if other than the
Effective date if applicable:	12/1/2019	
Effective date in applicable.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members or adopted by the board of a	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
2/2/20 Dated	019	
Dated		
Signature		
(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_
Ма	aura Plante	
_	(Typed or printed name of person signing)	
CE	SO SO	
	(Title of person signing)	