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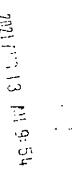
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florid	a Public G	vardian Coalitionline
DOCUMENT NUMBER:	00000 478	9
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Tamara	Cribben (Name of Contact Person	n)
Florida P	Wdic Gva (Firm/Company)	idian Coalition line
19001 Sunla	ake Blud	
	FL 33556 (City/ State and Zip Cod	
		ging - Solutions org
For further information concerning this matter, please		20 0110 1000
Tamara Cabber (Name of Contact Person) at at	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa		
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	_	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Amen	Address diment Section on of Corporations

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 of

FLORIDA PUBLIC GUARDIAN COALITION, INC.

(Name of Corporation as currently filed with the F	Florida Dept. of State)	
N16000004789		
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the c	corporation:	
name must be distinguishable and contain the word "	"corporation" or "incorporated" or the abbreviation "Cor	The new p." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)	
	-	
		
C. Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BO	<u></u>	
	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered	l office address:	
Name of New Registered Agent:		
-	(Florida street address)	
New Registered Office Address:		
_	, Florida	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:	2021
	I am familiar with and accept the obligations of the positi	on.
		`,;
		ω
	Signature of New Registered Agent, if changing	<u> </u>
		9:

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 De V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>V</u>	Heather McInnis	111 Suwannee Avenue Branford, FL 32008
Remove			
2) Change Add	<u>T</u>	MaryLou McKeon	420 Fentress Blvd. Davtona Beach, FL 32114
Remove	<u>S</u>	Shannah Butcher	P O Box 1246 Polk City, FL 33868
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
	<u>-</u>		

<u></u>	
	
	
	
The date of each amendment(s) adoption: July 26, 2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective data if applicables 8/4/2021	
Effective date if applicable: (no more than 90 days after amendment file date	.1
(no more than 90 days after amendment file dat	<i>c)</i>
Nate: If the date incerted in this blook does not many the amplitude and the date of the control	monte this data will not be listed as the
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	There are no memiadopted by the box	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated	8/4/2021
	Signature	Tamara a
	((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)
		Tamara Cribben
		(Typed or printed name of person signing)
		President

(Title of person signing)