N1600005034

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Dagwert Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

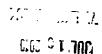
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ScribeAmerica Ch	aritable Foundation, Inc.				
	BER: N16000005034		<u> </u>			
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Reid Robinson					
	Name of Contact Person					
	ScribeAmerica Charitable Foundation, Inc.					
	Firm/ Company					
	1200 East Las Olas Boulevard, Suite, 201					
	Address					
	Fort Lauderdale, FL 33301					
		City/ State and Zip Code	e			
:1	ti 0 - 1 i	•				
reid.	robinson@scribeamerica.com	and Con Cut	- Let Garden			
	iz-man address, (to be us	sed for future annual report	nonneation)			
For further informatic	on concerning this matter, pleas	se call:				
Reid Robinson		at (de & Daytime Telephone Number			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)			
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Unssee, FL 32301			



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2019

REID ROBINSON 1200 E LAS OLAS BLVD STE 201 FT LAUDERDALE, FL 33301

SUBJECT: SCRIBEAMERICA CHARITABLE FOUNDATION, INC.

Ref. Number: N16000005034

We have received your document for SCRIBEAMERICA CHARITABLE FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a Profit corporation.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 719A00011806

www.sunbiz.org

Articles of Amendment

Articles of Incorporation (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: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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. (Florida street address) New Registered Office Address: Florida (Zip Code) (City) 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.

nature 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1)Change				
Add				
Remove				<u> </u>
2) Change		<u> </u>		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add	_	 		
Remove				
5) Change				
Add	•			
Remove				
6) Change			<u> </u>	
Add				
Remove				

E. If amending or adding addit (attach additional sheets, if nea	ional Articles, ent	er change(s) here	;		
(anach additional sheets, tj net	сельшуу урс хрс	cijic)			
N/A	•**	_			
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The date of each amendment(s) ado	ption:	if other than the
date this document was signed.		
Effective date if applicable:		<u></u> .
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated July	8,2019	
Signature	in Wille	
	nan of vice chairman of the board, president or other officer-if directors	_
	selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	Michael Welch	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	