## N/6000009808

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: American Charities Fundi	onpon ATI
DOCUMENT NUMBER: N 16 0000 9808	
The enclosed Articles of Amendment and fee are submitted for filing.	17.00
Please return all correspondence concerning this matter to the following:	一
(Name of Contact Person)	W-2
(Name of Contact Person)	温
ACFC	1
(Firm/ Company)	104
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Misin; Ft. 33186	1
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
1/1071115 Res 305 57	2) 9)28 7) 9)28
(Name of Contact Person) (Area Code) (Daytime	e Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	į
Stiling Fee Status Certificate of Status Certified Copy (Additional copy is enclosed)  Status Certified Copy (Additional Copy is enclosed)  Status Certified Copy (Additional Copy is enclosed)	atus
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircTallahassee, FL 32301	le

## **Articles of Amendment** Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) V 16 00000 9808 (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. "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 ADDRESS</u>) 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 (City) (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. Signature of New Registered Agent, if changing

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address of each Officer		r Directors, enter the title and name Director being added:	of each officer/director being rem	aved and title, name, and
(Attach additional sheets	s, if neces.	sary)		·
		le by the first letter of the office title:		
		; T= Treasurer; S= Secretary; D= D		
Executive Officer; CFO held. President, Treasure		inancial Officer. If an officer/directors would be PTD	or holds more than one title, list the fi	rst letter of <b>e</b> ach office
neta. 1 restaem, 1 reasur	er, isireci	or would be 1 115.		
	aves the c	llowing manner. Currently John Doc orporation, Sally Smith is named the lly Smith, SV as an Add.		
Example:				
X Change	<u>PT</u>	John Doe		
X Remove	$\overline{\underline{\mathbf{v}}}$	Mike Jones		3
X Add	<u>sv</u>	Sally Smith		
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The date of each amendment(s) adoption:	, if	other than the
Effective date if applicable: 10-25 - 2017	,	
(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 document's effective date on the Department of State's records.	t be list	ted as the
Adoption of Amendment(s) (CHECK ONE)	1	
☐ 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 10-25-2017	1	
Signature	_1	
(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)  (Typed or printed name of person signing)		
(Title of person signing)		