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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: EVJ'X	Foundation
NAME OF CORPORATION: EVAIL DOCUMENT NUMBER: N16000	009856
The enclosed Articles of Amendment and fee are subm	
Please return all correspondence concerning this matter	to the following:
Jessica Goo	dall
, (Name of Contact Person)
Eva's Founda	HON
	(Firm Company)
16331 OLD US 41	#101
,	(Address)
Ft. Myers, FL	33912
evasclosetinc & E-mail address: (to be used to	gmzil Com
For further information concerning this matter, please of	
Jessica Goodall	$\frac{1}{239}$ 339-3216
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
Cl S35 Filing Fee S43.75 Filing Fee & C Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

	Auticker of American	2 A
	Articles of Amendment to	1022 ×
A	Articles of Incorporation	P. C. Co. Car
EV2's Four		May July 6
Name of Corporation as currently filed with the Flo		
N16000009		
(Document	Number of Corporation (if know	vn)
ursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For P	rofit Corporation adopts the following
. If amending name, enter the new name of the co	rporation:	
		The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "incorporated" o	or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>		
, 3		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u>x</u>)	
		····
		 .
. If amending the registered agent and/or registered		ter the name of the
new registered agent and/or the new registered o	office address:	
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	(Florid	a street address)
_	(City)	, Florida (Zip Code)
	(City)	γειρ σοιέ)
	stered Agent:	
ew Registered Agent's Signature, if changing Regi		abligations of the position
the Registered Agent's Signature, it changing Registereby accept the appointment as registered agent.		obligations of the position.
		obligations of the position.

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>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Christopher Whitcomb	27435 PULLARD DR. Bunita Springa, FL 34135
Remove 2) Change Add	<u>D_</u>	Julie Daly	1810 Reflecting Pond Ct. #1421 Ft MylRs, FL 3390
Remove 3) Remove 4 Add Remove			7t MylRs, FL 33GD
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		Articles, enter change(s) here: i). (Be specific)	
			

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	<u>.</u>
	
	
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6/1/2027-	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
6/1/2022	
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	
(no more man 90 auys after amenament fue aute)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as the
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.	

6/1/2022
Dated 6/1/2022
Signature Jessica Loodall
(By the chayrman or vice chairman of the board, president or other officer-if direct
have not been selected, by an incorporator – if in the hands of a receiver, trustee,
other court appointed fiduciary by that fiduciary)
Jessicz Goodall
(Typed or printed name of person signing)
PResident
+ Kesiouni
(Title of person signing)