N1600011418

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otate/Zipir Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400372157004

anend

08/25/21--01017--020 **35.00



OCT 1 9 2021 A RAMSEY

X00789,00524,00611,00563,04135

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Foundation Inc.
N1600011478 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Robin Foster Founder and CEO	
	(Name of Contact Person)
Mary Welsh Foundation	
	(Firm/ Company)
4600 N. Habana Ave., Ste. 13	
	(Address)
Tampa, FI 33614	
	(City/ State and Zip Code)
robinfoster80@gmail.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	please call:
Robin Foster	813- 442-7505 at
(Name of Contact P	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	ce & 🗆\$43.75 Filing Fee & — \$52.50 Filing Fee atus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



September 3, 2021

ROBIN FOSTER
MARY WELSH FOUNDATION
4600 N. HABANA AVE., SUITE 13
TAMPA, FL 33614 US

SUBJECT: MARY WELSH FOUNDATION, INC.

Ref. Number: N16000011478

We have received your document for MARY WELSH 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):

Please fill in the name of the corporation in the space provided at the top of page 1 of the amendment form.

The registered agent must sign accepting the designation.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6823.

Annette Ramsey OPS

Letter Number: 521A00021395

www.sunbiz.org

28: PCT 12 PH 2:31

To Whom It May Concern:

I have amended the form per your request. The department has my check for \$35.00 filing fees.

Please let me know if you need anything else.

Robin Foster

4826 Cheval Blvd.

Lutz, FL 33558

813-215-0066

Articles of Amendment to Articles of Incorporation of

FILED

Mary Welsh Foundation Inc.

2021 OCT 12 AM 11: 24

(Name of Corporation as currently filed with th	e Florida Dept. of State)	WE DE DEVISE STATE
		ा गामकार्थ्य, स्थानेत
(Docum	nent Number of Corporation (f known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Flori	da, enter the name of the
	Sheldon McMullen, Attorney	At Law
Name of New Registered Agent:	1501 S. Dale Maery Hwy. A	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	(Florula street address)
	Tampa	. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
I hereby accept the appointment as registered agen	ANA	
	Signature of New Reg	gistered 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	PT John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	Register	Lovett, Foster Sr.	Lovett & Company 1407 Tampa Park Plaza
x Remove			Tampa, Fl 33605
2) * Change Add	Chairma	Robin Foster	4826 Cheval Blvd. Lutz, FL 33558
Remove 3) X Change Add Remove	Treasure	Flizabeth Macken	27322 Mistflower Dr. Westley Chapel, Fl 33544
4) <u>x</u> Change Add	VP	Carl Noles	4209 Sylvan Rd. Evart, MI 49631
Remove 5) Change Add Remove			
6) Change Add Remove			
	g additional Artic ts, if necessary).	cles, enter change(s) here: (Be specific)	

•		
		,
		<u> </u>
		
		· · · · · · · · · · · · · · · · · · ·
·		
		
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(n	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be t of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

Signature	\bigcirc , \land .
	Vahi tost
	By the chairman or vice chairman of the board, president or other officer-if of have not been selected, by an incorporator – if in the hands of a receiver, truother court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)