# N/6000012140

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### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Charlie's Frien	ds, Inc.
DOCUMENT NUMBER: N16000012140	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charles Holifield (Name of Contact Pers	
Charlie's Friends, Inc. (Firm/Company)	
2499 Crescent Rd. (Address)	
Mayarre, FL 325166 (City/ State and Zip Co	de)
Ciclipest @ acl com E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please call:	
Charles Holifield at (Name of Contact Person)	954-410-3719
Enclosed is a check for the following amount made payable to the Florida Dep	partment of State:
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Stree	t Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation
Charlie's Friends, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N16000012140
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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: 2499 Cres cont Rd.  (Principal office address MUST BE A STREET ADDRESS)
$\frac{Auxure}{-}$
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  2499 Croscort Rd  To The Action of the Control of th
Mavarre, FL 32566
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: Charles Holitild
249 CVESCENT LA. (Florida street address)
New Registered Office Address:
Navarre FL 3250
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
<b>2020</b>
Signature of New Registered Agent, if changing
Page 1 of 4

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 D           V         Mike J           SV         Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	T.S.	Jo Ellen Guld	3071 N. Oakland Forest D Apt 102 Oakland Park, FL 33309
2) Change Add	TS.	Ana Maria Ribeiro	
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<del></del>		
6) Change Add Remove	<u></u>		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
<del></del>					

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated Jany	ar 20, 2020	
Signature Chy	lis & Holifield h	
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
_Ch	arles Holffold (Typed or printed name of person signing)	
(-)	resident	
	(Title of person signing)	