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2021 HAR 15 AM 1: 1: SECRETARY OF STAT

A. Butter

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Heart C NAME OF CORPORATION:	Gallery of Tampa, Inc		
N16000012:			
The enclosed Articles of Amendment an	d fee are submitted for fi	ling.	
Please return all correspondence concerr	ting this matter to the following	owing:	
Linday Hermida			
	(Name of C	'ontact Person)	
Heart Gallery of Tampa, Inc			
	(Firm/	Company)	
5463 W Waters Ave Suite 850			
	(A)	ddress)	
Tampa, FL 33634			
	(City/ State	and Zip Code)	
Lindsay@HeartGalleryTampa.org			
E-mail addres	s: (to be used for future a	nnual report notification	on)
For further information concerning this n	natter, please call:		
Lindsay Hermida		813 at	314-2021
(Name of Co	ontact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the	Florida Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certifica	te of Status Certified	Copy Certical copy is Certical (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		Street Address	

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

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

## Articles of Amendment to Articles of Incorporation of

FILED

Heart Gallery of Tampa, Inc. 2021 HAR 15 AM 1: 13 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N16000012290 (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 \_\_\_ (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

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 Je           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change  X Add	Officer	Lindsay Hermida	5463 W Waters Ave Suite 850 Tampa, FL 33634
Remove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add	<del></del>		
Remove			-
E. If amending or addin (attach additional sheet	g additional Artics, if necessary).	cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption this document was signed.	otion:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not rtment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop	oted by the members and the number of votes cast for the amendment(s)	

was/were sufficient for approval.

	pard of directors.
	3/4/2021
Dated	Mista Milde
Signature	e Mare F. Herbraca
	(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)
	Nicole Hubbard
	(Typed or printed name of person signing)
	Chairman