

# N16901

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The Law Office of  
**Brown & Brown, P.C.**

*Estate, Trust, Tax and  
Long Term Care Planning*



www.browncandbrownpc.com

1250 E. Sherwood Drive

Grand Junction, Colorado 81501

Phone: (970) 243-8250 ♦ Fax: (970) 241-1144

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Baird B. Brown❖\*

Clara Brown Shaffer❖

Shauna C. Clemmer\*

Daniel F. Fitzgerald

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September 21, 2023

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

Re: Name Change for Document Number N16901


Dear Sir/Madam:

Enclosed is a \$35.00 check, a Cover Letter, and the Articles of Amendment to Articles of Incorporation of the Arthur L. Lenahan, Sr. and Betty B. Lenahan Family Foundation, Inc.

**Please provide a copy of the confirmation of the name change to our address at Brown & Brown PC, Attention Alisa West, 1250 E Sherwood Drive, Grand Junction, Colorado 81501. In the alternative, please email the confirmation to [alisa@browncandbrownpc.com](mailto:alisa@browncandbrownpc.com).**

Thank you for your assistance. If you have any questions, please contact our office.

Regards,  
BROWN & BROWN, P.C.

By   
Alisa L. West  
Paralegal

Enc.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ARTHUR L. LENAHAN, SR. AND BETTY B. LENAHAN FAMILY FOUNDATION, INC.

**DOCUMENT NUMBER:** N16901

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clara Brown Shaffer, Esq.

\_\_\_\_\_  
(Name of Contact Person)

Brown & Brown, P.C.

\_\_\_\_\_  
(Firm/ Company)

1250 E. Sherwood Drive

\_\_\_\_\_  
(Address)

Grand Junction, Colorado 81501

\_\_\_\_\_  
(City/ State and Zip Code)

clara@brownandbrownpc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clara Brown Shaffer

970

243-8250

\_\_\_\_\_  
(Name of Contact Person)

at

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing 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

Articles of Amendment  
to  
Articles of Incorporation  
of

ARTHUR L LENAHAAN, SR. AND BETTY B LENAHAAN FAMILY FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N16901

(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:

LENAHAN FAMILY FOUNDATION, INC.

*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:

(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:

(City)

Florida

(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.*

FILED  
23 SEP 27 PM 2:56  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

**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 PT 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**(CHECK ONE)**

- ☒ 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 09/19/2023

Signature Deborah S. Lenahan

(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)

Deborah S. Lenahan

(Typed or printed name of person signing)

President