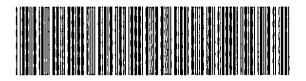
N17000000396

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

St NAME OF CORPORATION: $_$	arfish Foundation	of SWFL, Inc.		
N1700 DOCUMENT NUMBER:	00000396			
The enclosed Articles of Amendme	ent and fee are sub	nitted for filing.		
Please return all correspondence co	ncerning this matte	er to the following:		
Dominique Krefeld				
		(Name of Contact Pe	rson)	
Starfish Foundation of SWFL, Ir	IC.			
		(Firm/ Company)	
6330 Briarcliff Road				
		(Address)		
Fort Myers, FL 33912				
		(City/ State and Zip (Code)	
starfishofswfl@gmail.com				
E-mail a	iddress: (to be used	for future annual rep	ort notification	n)
For further information concerning	this matter, please	call:		
Erik Krefeld		at	313	595-2116
(Name	of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	ng amount made pa	iyable to the Florida l	Department of	State:
■ \$35 Filing Fee □\$43 Ce	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i. enclosed)	Certif s Certif	icate of Status ied Copy tional Copy is
Mailing Address Amendment Sect		<u>Str</u> An	eet Address nendment Sect	ion

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



June 19, 2020

DOMINIQUE KREFELD 6330 BRIARCLIFF RD FORT MYERS, FL 33912

SUBJECT: STARFISH FOUNDATION SWFL INC.

Ref. Number: N17000000396

We have received your document for STARFISH FOUNDATION SWFL 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):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 720A00012170

Rebekah White Regulatory Specialist II Supervisor

NAME OF CORPORATION: Starfish Foundation SWFL TNC
DOCUMENT NUMBER: 10/700000396
DOCUMENT NUMBER: 107 TO DOCU O S 76
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dominique Krefeld (Name of Contact Person)
(Name of Contact Person)
(Firm: Company)
6330 Braceliff Rd
(Address)
Fort Myers, FL 339/2
(City/ State and Zip Code)
(Cogs = 1210 and)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Steld 1 (559) 240-3157
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \(\text{Certificate of Status} \) \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \(\text{Certified Copy} \) \$\(Certifi
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

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

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Startish Foundation SWFL INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
11/70000003910
(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:
$\frac{1}{1/\Delta}$
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)
,
$m{\cdot}$
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: Frik Krefeld
2272 Airport Road South, Suite 101
() for the section of
New Registered Office Address:
Naples
(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.
THE PARTY OF THE P
Signature of New Registered Agent, if changing

.

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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u> _	Krefeld, Dominique	170 Rivermist Dr. Covington GA 30014
Remove 2) Change Add	C	Padron, Felix O, PSYD.	2272 Airport Read South Suite 101
Kemove 3) Change Add Remove	<u>S</u>	Evans, Rachel D. Mao	Naples, FL 34/12 8875 Pinto Court Naples, FL 34/13
4) Change Add	<u>S</u> _	Steht, Heather	10 Shenardonh Court. Hiram, GA 30141
Remove 5) Change Add	<u>T_</u>	Achenbaugh, Norva	5920 Sonoma Court Naples FL 34119
Remove 6) Change Add	工	Weaver, Tamara L.	111 48th Avenue West Bradenton, FL 34207
Remove E. If amending or addit (attach additional sheet)		icles, enter change(s) here: (Be specific)	
Add VP	Ryan Leie	jh Zimmerman 100 Cor	1 Carmel Parkway Apt. 3= Pus Christi, TX 78411

<u> </u>
0 11 2000
The date of each amendment(s) adoption: 1900, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
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.
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)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated August 12, 2020
Signature Correction Maheld
(By the chairman of 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)
Dominique Krefeld
(Typed or printed name of person signing)
President
(Title of person signing)