N17000002638

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations FAMILIES AFFECTED BY GUN VIOLENCE, INC. NAME OF CORPORATION: N17000002638 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JO ANN BRADY (Name of Contact Person) FAMILIES AFFECTED BY GUN VIOLENCE, INC. (Firm/ Company) P. O. BOX. 700353 (Address) GOULDS, FLA 33170 (City/ State and Zip Code) joannbrady2@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JO ANN BRADY 786 234-8364 (Daytime Telephone Number) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FAMILIES AFFECTED BY GUN VIOLENCE, INC.

| (Name of Corporation | as curren | tly filed v | ith the Flor | ida Dept. of S | State) | | |
|--|----------------------------|-----------------------|---------------|-----------------|---------------|-----------|----------|
| N17000002638 | | | · | | | | |
| (Docu | ment Numbe | er of Corp | orațion (if k | nown) | | | |
| Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation: | rida Statute | s, this <i>Fla</i> | rida Not Fo | r Profit Corpo | oration adop | ots the f | ollowing |
| A. If amending name, enter the new name of th | e corporati | on: | | | | | |
| N/A | | | i . | | | | The new |
| ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam | d "corporat <u>e</u> . | ion" or " | incorporated | l" or the abbro | eviation "Co | orp." oi | r "Inc." |
| B. Enter new principal office address, if applicable: | | N/A | Ì | | | | |
| Principal office address <u>MUST BE A STREET</u> A | | N/A | 1 | | | | |
| | | N/A | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | | | | SEC | 2817 |
| | | N/A | | | • | | |
| | | N/A | · - | | | | <u>ω</u> |
| If amending the registered agent and/or regingly new registered agent and/or the new register | | | in Florida, | enter the nar | ne of the | | P.H. 3: |
| Name of New Registered Agent: | N/A | | | | | क्या है । | 90 |
| Nume of New Registered Agent. | N/A | | | | | | |
| New Registered Office Address: | (Florida street address) | | | | | | |
| | N/A | | | | , Florida N | /A | |
| | | (City) | | | (Zip Coa | le) | |
| New Registered Agent's Signature, if changing be hereby accept the appointment as registered agent | Registered it. I am fan | Agent: niliar with | and accept | the obligation | s of the posi | ition. | |
| | | | | | | | |
| - | Si | gnature o | New Regist | ered Agent, if | changing | • | |

| address of each Offic (Attach additional she Please note the officer P = President; V= Vic | er and/or I ets, if neces ddirector tit ee President O = Chief F | Director being added: sary) The by the first letter of the office The Treasurer; S= Secretary; The Treasurer of the officer. | e title: D= Director; TR= 1 | er/director being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office |
|---|--|--|--------------------------------|---|
| a change, Mike Jones | leaves the c | | | ne PST and Mike Jones is listed as the V. There is te should be noted as John Doe, PT as a Change, |
| Example: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | 1 1 | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| 1) Change | ВА | LEATHA BUSH | | 1491 S.E. 27th STREET |
| Add | | | , | MIAMI, FLA 33035 |
| X Remove | | | 1 | |
| 2) Chunge | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
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| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | ţ | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |

____ Remove

| If amending or adding additional Artic attach additional sheets, if necessary). | les, enter cha (Be specific) | ange(s) her | <u>e</u> : | | | | |
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| JULY 28,2017 | |
|---|--|
| The date of each amendment(s) adoption: date this document was signed. | if other than the |
| JULY 27.2017 | |
| Effective date if applicable: | |
| (no more than 90 days after amenda | nent file date) |
| Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records. | iling requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of was/were sufficient for approval. | votes cast for the amendment(s) |
| There are no members or members entitled to vote on the amendment(s). adopted by the board of directors. Dated Signature (By the chairman or vice chairman of the board, preside have not been selected, by an incorporator – if in the hotter court appointed fiduciary by that fiduciary) JO ANN BRADY (Typed or printed name of page 1) | ent or other officer-if directors ands of a receiver, trustee, or |
| /m:1 0 | |
| (Title of person | signing) |
| | |