M17000005369

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
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COVER LETTER

Project TVD, INC.

TO: Amendment Section Division of Corporations

NAME OF CORPORATION)N:				
DOCUMENT NUMBER:	N17000005369	<u>.</u>			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	r to the following	:		
Tri A. Dinh					
_		(Name of Contac	t Person)	
Project TVD, Inc					
		(Firm/ Comp	an <u>y</u>)		
3622 1st ST S					
		(Address	;)		
JACKSONVILLE BEACH,	FL 32250				
	(City/ State and Z	ip Code	}	
triadinh@yahoo.com					
E	-mail address: (to be used	for future annual	report n	otification)
for further information cone	erning this matter, please c	;all;			
TRLA. DINH					
	(Name of Contact Person)		_ at (Arc	n Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	rable to the Floric	da Depar	tment of S	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & U Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation of

PATI OCT 18 HANDS 38

PROJECT IVD. INC.		
(Name of Corporation as curre	ntly filed with the Flor	rida Dept. of State)
N17000005369		
(Document Num	ber of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated	
	N/A	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
		•
D. If amending the registered agent and/or registered of		enter the name of the
new registered agent and/or the new registered office N/A	<u>address:</u>	
Name of New Registered Agent:		
N/A		
Nan Project - 1 Ciffing A Library	(FI	orida street address)
<u>New Registered Office Address</u> : N/A		
	(C)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent. I am f	amiliar with and accept	the obligations of the position.
·	Signature of New Regist	tered 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 = ChiefExecutive 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	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X 1) Change	PT	TREA DINH	3622 IST ST S
Add			JACKSONVILLE BEACH.
Remove			FL 32250 US
2) Change	V	DINH TUE	4703 PINE CIRCLE
			BELLAIRE.
Add X Remove			TX 77401 US
3) Change	TR	TUE A DINH	4703 PINE CIRCLE
X Add			BELLAIRE.
Remove			TX 77401 US
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Please add the following to the Article of Incorporation for PROJECT TVD, INC.
ARTICLE VIII
Mission Statement
Project TVD, Inc. is a non-profit organization dedicated to improve health by educating providers, and building sustainable
health delivery programs.
ARTICLE IX
Dissolution Clause
Upon the dissolution of the corporation, assets shall be distributed for one of more exempt purposes within the meaning
of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code. Any
assets not so disposed shall be disposed of by a court of competent jurisdiction of the county in which the principal office
of the corporation is located. Disposal shall be made exclusively for exempt or public purposes, or be made to such
organizations as the court shall determine to be organized exclusively for such purposes.

	N/A	
The date of each amendment(s) adopt	ion:	_, if other than the
date this document was signed.		
·	11, 2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes east for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
October 11, 20	17	
Dated		
Signature	n or vice diamnan of the board, president or other officer-if directors	_
· · ·	elected, by an incorporator – it in the hands of a receiver, trustee, or	
	ointed fiduciary by that fiduciary)	
	, , , , , , , , , , , , , , , , , , , ,	
Tri A Dinh		
	(Typed or printed name of person signing)	
President, To	reasurer	
	(Title of person signing)	