N17000005719

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Emerge Sarasota Incorporated	
N17000005719	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for fil	ling.
Please return all correspondence concerning this matter to the foll	owing:
Samantha Gholar	
(Name of C	Contact Person)
Emerge Sarasota Incorporated	
(Firm/	Company)
850 S. Tamiami Trail, Suite 428	
(Ac	ldress)
Sarasota, FL 34236	
(City/ State	and Zip Code)
samantha.gholar@emergesarasota.org	
E-mail address: (to be used for future a	innual report notification)
For further information concerning this matter, please call:	
Samantha Gholar	727 269-2602 at
(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 ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ Certificate of Status ☐ Certified (Addition enclosed)	Copy Certificate of Status nal copy is Certified Copy

Mailing Address

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

Emerge Sarasota Incorporated

2022 JUL <u>18 F. 3</u>: 32

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N17000005719		-
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u>)	
	_	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	٠.	
(Stating duaress SIAT BE A POST OFFICE BOX		
		·
	 	
D. If amending the registered agent and/or registere	d office address in Florida.	enter the name of the
new registered agent and/or the new registered o		
Name of New Registered Agent:		
Name Danistana I (VC) at the same	Œle	rida street address)
New Registered Office Address:		
	(City)	, Florida (Zip Code)
	•	(Σιρ Coae)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accent i	the abligations of the position
The stay succept and approximation and regime real agents. The	jaminia mua una uccepi i	ar angunous of me position,
	Signature of New Registe	red Ament (Colonarina

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 bein:	

(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= Trustce; 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		-	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		-	
Remove			
6) Change Add			
Remove			
		inal Articles, enter change(s) here: ssary). (Be specific)	
Add additional language	to Article	III - The organization is organized exclusively fo	or charitable, religious, educational and
scientifice purposes und	er section 5	501(c)(3) of the Internal Revenue Code, or corres	ponding section of any future code.
Add Article IX - Dispos	ition Upon	Dissolution - Upon the dissolution of this organi	zation, assets shall be distributed for
for one or more exempt:	purposes w	rithin the meaning of section 501(c)(3) of the Inte	ernal Revenue Code, or corresponding

for a public purpose.	
 	
- -	
	
<u> </u>	
The date of such amondmental adentic	
ate this document was signed.	n:, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Sote: If the date inserted in this block do ocument's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adonted The amendment(s) was/were adonted.	by the members and the number of votes east for the amendment(s)

was/were sufficient for approval.

Signature (By the chairman or vice chairman of the board, president or other officer-if directors	Dated	7/8/22
(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) Samantha Gholar	Dated	$\leq 0 M_{\circ}$
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Samantha Gholar	Signatu	
		have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
(Typed or printed name of person signing)		Samantha Gholar
		(Typed or printed name of person signing)
President		n ti