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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Florida Justice	For Our Neighbors		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee ar	re submitted for filing		
Please return all correspondence concerning this	matter to the followi	ng:	
Pamela Qualls			
	(Name of Cont	act Person)	
Florida Justice For Our Neighbors			
	(Firm/ Con	ipany)	
14133 Joel Court			
	(Addre	(ss)	· · · · · · · · · · · · · · · · · · ·
Largo FL 33774			
	(City/ State and	Zip Code)	
pam@justaddpower.com			
E-mail address: (to be	used for future annua	l report notification	on)
For further information concerning this matter, p	lease call:		
Pameta Qualls		727 at	688-5120
(Name of Contact Pe	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Flor	ida Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	tus Certified Copy (Additional copy enclosed)	Certi: py is Certi: (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corp The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) N17000007500 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: Pamela Qualls Name of New Registered Agent: 14133 Joel Court (Florida street address) New Registered Office Address: Florida 33774 (Zip Code) Largo (City) 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.

Signature of New Registered 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 = 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: XChange X Remove X Add	PT John De V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add		ASPINWALL, HEIDI	FLJFON C/O SE DISTRICT OFFIC 536 CORAL WAY
X Remove			CORAL GABLES, FL 33134
2) Change Add		Reyes, Wilma	Killian Pines UMC 10755 SW 112 Street
X	ExecDir	Rocco Richard Tricarico	Miami, FL 33176 FLJFON C/O SE DISTRICT OFFICE 536 Coral Way Coral Gables, FL 33134
4) Change Add	Exec Dit	Janet Horman	FLJFON C/O SE DISTRICT OFFIC 536 Coral Way
X Remove			Coral Gables, FL 33134
5) Change Add	<u>T</u>	Roxana Acosta	201 North Franklin Street Suite 2500
Remove			Tampa, FL 33602
6) Change Add			
Remove			<u></u>
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			
	-		

		<u> </u>
		
		
The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
Effective date if applicable:		
(no	more than 90 days after amendment file date)	<u>-</u>
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

•

adopted by the board of directors.	
October 28, 2020 Dated	
Signature Pamela S. Qualla	
(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)	
Pamela S. Qualls	
(Typed or printed name of person signing)	
Chair	
(Title of person signing)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were