F0810000081N

(Requestor's Name)
(Address)
, ,
(411
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



900391806349



Smend

NOV 1 7 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COLONIAL STARITABLE FOUNDATION, INC	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Thu FORNARO (Name of Contact Person)	
(Firm/ Company)	
11026 Mill CREEK WAY #2807 (Address)	
FORT MYERS, FL 35913 (City/ State and Zip Code)	
Calonial Charitable koundation (FM ail . CCM) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tohn FORNARO at 401 - 225 - 0760 (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:	
S35 Filing Fee	اسه ۱
Mailing Address Street Address	

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo		tion, +xc	
N1800001807	Number of Comparison ((flenousm)	
(Document	Number of Corporation (ir known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida No.	For Profit Corporation adopts	the following
A. If amending name, enter the new name of the co	rporațion:		
11/4			The new
name must be distinguishable and contain the word "co" "Company" or "Co." may not be used in the name.	orporation" or "incorpor	ated" or the abbreviation "Corp	." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	x) N/A		
		• •	, rs
D. If amending the registered agent and/or register new registered agent and/or the new registered		ida, enter the name of the	45 27 - 74
Name of New Registered Agent:	12/4		(2
Name of New Negatered Agent.	_ <i>W f</i> 1		- 1
		(Florida street address)	
<u>New Registered Office Address:</u>	NA	, Florida	 ت
	(City)	(Zip Code)	!
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		cept the obligations of the position.	on.
	Signature of New R	egistered 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
!) Change Add	PD	LEW EADS	GOG PROSPERTY WAY
Remove 2) Change Add	PD	Michele Patracelli	10031 TURTLE HILL DR FORT MYRREFC 33913
Remove Change Add Remove	2.1	DANIEL CASCIANO	1010 Colorial Country Club - 5140 # 106 FORT YNYCKS, FL-33113
4) Change Add	DT_	Theresa EBERHARD	9676 Henring Curry Lane #4706 FORT MYERS, FL33913
Remove 5) Change Add	DV	FRED LANGE	10000 MAJESIC SVE FEET MYERS, FL 73-113
Remove 6) Change Add			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
	-		
		1	

The date of each amendment(s) adopti	ion: Joly 1, 2022	, 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 d document's effective date on the Department.	loes not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

Dated Signature (By the Mairman of vice chairking 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) TERNATE (Typed or printed name of person signing) (Title of person signing)	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
Signature (By the flairman 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) (Typed or printed name of person signing)	adopted by the board of directors.
(By the fiairman 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)	Dated August 1 2022
(Typed or printed name of person signing)	Signature
other court appointed fiduciary by that fiduciary) TEAN FORKARD (Typed or printed name of person signing)	(By the chairman or vive chairman of the board, president or other officer-if directors
TEAN FORKARE (Typed or printed name of person signing) SCORETARY	· · · · · · · · · · · · · · · · · · ·
(Typed or printed name of person signing)	other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)	and the second s
(Typed or printed name of person signing)	TEAN FORKIARA
Storetary	(Typed or printed name of person signing)
(Title of person signing)	
(Title of person signing)	Scoretary
	(Title of person signing)

.