

N18000002156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

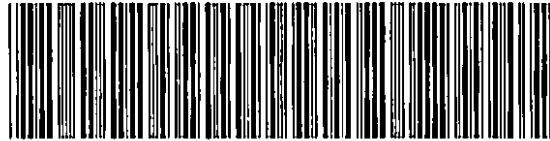
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

✓

Office Use Only



300315587423

07/10/18--01005--006 **43.75

FILED
2018 DEC -4 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten signature
1/4/19
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2018

SOPHIA THORPE
LIBERTY AND JUSTICE FOR ALL COMMUNITY
2041 BLACKBIRD DR.
APOPKA, FL 32703

SUBJECT: LIBERTY AND JUSTICE FOR ALL COMMUNITY FOUNDATION
INC.
Ref. Number: N18000002156

We have received your document for LIBERTY AND JUSTICE FOR ALL
COMMUNITY FOUNDATION INC. and your check(s) totaling \$43.75. However,
the enclosed document has not been filed and is being returned for the following
correction(s):

You failed to make the correction(s) requested in our previous letter.

THE INCORRECT FORM IS BEING SUBMITTED.

Amendments for nonprofit corporations are filed in compliance with section
617.1006, Florida Statutes. Please see the attached information.

If you have any questions concerning the filing of your document, please call
(850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 018A00014401

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIBERTY AND JUSTICE FOR ALL COMMUNITY FOUNDATION INC.

DOCUMENT NUMBER: N18000002156

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIBERTY AND JUSTICE FOR ALL COMMUNITY FOUNDATION INC.

(Name of Contact Person)

LIBERTY AND JUSTICE FOR ALL COMMUNITY FOUNDATION INC.

(Firm/ Company)

2041 BLACKBIRD DRIVE

(Address)

APOPKA , FLORIDA 32703

(City/ State and Zip Code)

LJCF.INFO@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOPHIA THORPE

407

613-6632

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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

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

LIBERTY AND JUSTICE FOR ALL COMMUNITY FOUNDATION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000002156

(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 The new 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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2041 BLACKBIRD DRIVE

APOPKA, FLORIDA 32703

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Name of New Registered Agent:

SOPHIA THORPE

2041 BLACKBIRD DRIVE

(Florida street address)

New Registered Office Address:

APOPKA

(City)

Florida 32703

(Zip Code)

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

FILED
2018 DEC -4 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>ADLAI EDWARDS</u>	<u>PO BOX 595</u> <u>HAWTHORNE, FL</u> <u>32640-0895</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>SOPHIA THORPE</u>	<u>2041 BLACKBIRD DRIVE</u> <u>APOPKA, FLORIDA 32703</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>INGRID MORFA</u>	<u>2041 BLACKBIRD DRIVE</u> <u>APOPKA, FLORIDA 32703</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ARLENE NELSON</u>	<u>2041 BLACKBIRD DRIVE</u> <u>APOPKA, FLORIDA 32703</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>KAREN GREEN</u>	<u>2041 BLACKBIRD DRIVE</u> <u>APOPKA, FLORIDA 32703</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

12/04/2018


Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/04/2018 _____

Signature  _____
(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)

SOPHIA THORPE

(Typed or printed name of person signing)

TREASURER

(Title of person signing)