180000385

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(50	Sine So Likely Man	,,,
(Do	cument Number)	
(120	coment Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	





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COVER LETTER

•TO: Amendment Section • Division of Corporations

NAME OF CORPORATION	Sisters Network No			
	N18000003855			
DOCUMENT NUMBER:				,
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
Dianne W. Townsend				
		(Name of Contact Pe	rson)	
Sisters Network Northeas	t Florida, Inc.			
		(Firm/ Company)	
11691 Cherry Bark Drive	West			
		(Address)		
Jacksonville, Florida 322	18			
	((City/ State and Zip C	Code)	
4sistersnetwork@bellsou	th.net			<i>✓</i>
· · · · · · · · · · · · · · · · · · ·	-mail address: (to be used	for future annual repo	ort notification	1)
For further information conc	erning this matter, please o	call:		
Dianne W. Townsend		at	904	757-6622
<u> </u>	(Name of Contact Person)	at _	(Arca Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing A	Address		eet Address	ion.

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

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

Articles of Amendment to Articles of Incorporation of

Sisters Network Northeast Florida, Inc.		
(Name of Corporation as curre	ntly filed with the F	lorida Dept. of State)
N18000003855		
(Document Num	ber of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ttion or "incorpora	ted for the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	~	<u> </u>
		1
C. Enter new mailing address, if applicable:		10 Sept. 1000
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered offi	eo addrace in Flaric	la anter the name of the
new registered agent and/or the new registered office	address:	a, enter the name of the
Name of New Brokens I to an		
Name of New Registered Agent:	-	
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fa	miliar with and acce	pt the obligations of the position.
		
	ignature of New Reg	istered 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	<u>V</u> <u>N</u>	ohn <u>Doe</u> like Jones ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
I) Change		<u> </u>	<u>.</u>	
Add				
Remove				
2) Change		 	 	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			···	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(attach additional sheets, if necessary). (Be specific)
Article IX
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the
meaning of Section 501(c)3 of the Internal Revenue Code, or corresponding section of any future federal tax
code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.
Any such assets no disposed of shall be disposed of by a court of competent jurisdiction in the county in which
the principal office of the organization is then located, exclusively for such purposes or to such organization or
organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Effective date if applica	August 1, 2018	, if other than
	(no more than 90 days after amendment file	
Note: If the date inserted focument's effective date	on the Department of State's records	uirements, this date will not be lime.
	(CHECK ONE)	
☐ The amendment(s) was/were sufficient fe	s/were adopted by the members and the number of votes cast approval.	for the amendment(s)
There are no members adopted by the board	or members emitted to vote on the amendment(s). The amend	dment(s) was/were
	just 1, 2018	
Signature	Flame W. Jours	
(By t)	e chairman	_
other	c chairman or vice chairman of the board, president or other of not been selected, by an incorporator – if in the hands of a recount appointed fiduciary by that fiduciary)	officer-if directors beiver, trustee, or
	anne W. Townsend	
~_	(Typed or printed name of person signing	g)