N18000004736

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COVER LETTER

TO: Amendment Section **Division of Corporations**

The Living NAME OF CORPORATION:	g Legacy Foundation INC
N18000004736	5
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Erica Carde	
	(Name of Contact Person)
	(Firm/ Company)
6039 Cypress Gardens Blvd. #154	
	(Address)
Winter Haven, FL 33884	
	(City/ State and Zip Code)
info@livinglegacyfoundation.org	
E-mail address:	(to be used for future annual report notification)
For further information concerning this mat	tter, please call:
Erica Carde	941-548-9948 at
(Name of Cont	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate	· · · · · · · · · · · · · · · · · · ·
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

The Living Legacy Foundation /NC

Name of Corporation as currently filed with the Floric	da Dept. of State)	7 1	7.15
N18000004736		2000	• • •
(Document Nu	imber of Corporation (if known)	2023 1 27	/.ii 5:
ursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For Profit Co		
If amending name, enter the new name of the corpo	oration:		
egacy Lighthouse Foundation INC			The new
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	oration" or "incorporated" or the al	breviation "Corp."	or "Inc."
Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRE</u>	SS)		-
		<u> </u>	
	 		_
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			_
 If amending the registered agent and/or registered officence registered agent and/or the new registered officence. 		name of the	
	et addites.		
Name of New Registered Agent:			
	(Florida street a	ddware)	
New Registered Office Address:	(2.117) 1414 (357 (4.4.14)	uar ensy	
		, Florida	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Register	red Agent:		
hereby accept the appointment as registered agent. I am		ions of the position.	
	Signature of New Registered Agent.	if ahanaina	.
	– signature oj New Kegisterea Agent,	. ij enanging	

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	V Mike	Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		Articles, enter change(s) here:). (Be specific)	

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The data of each amondment/s	a) adaptions	, if oth	er than the
date this document was signed.	s) acoption:		ici ililili dic
(01/24/2024		
Effective date if applicable:		o more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does r e Department	not meet the applicable statutory filing requirements, this date will not be listed of State's records.	i as the
Adoption of Amendment(s)	(<u>0</u>	CHECK ONE)	
☐ The amendment(s) was/we was/were sufficient for app		y the members and the number of votes east for the amendment(s)	

Dated 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)
	Erica Carde (Typed or printed name of person signing)
	President
	(Title of person signing)



February 20, 2024

ERICA CARDE 6039 CYPRESS GARDENS BLVD. #154 WINTER HAVEN, FL 33884

SUBJECT: THE LIVING LEGACY FOUNDATION, INC.

Ref. Number: N18000004736

We have received your document for THE LIVING LEGACY FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 824A00003667

· Decene 3/27/24