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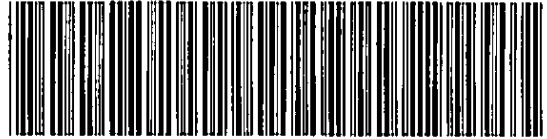
(Business Entity Name)

(Document Number)

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NOTES

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Samanitan Hands of Broward INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Marie Bertrand
(Name of Contact Person)

Samanitan Hands of Broward INC
(Firm/ Company)

8108 NW 93rd terrace
(Address)

Tamarac FL 33321
(City/ State and Zip Code)

Bmarie847@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Bertrand at (954) 482-2124
(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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status
(Additional copy is Certified Copy
enclosed) (Additional Copy is

Enclosed Cashier Check 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 Amendment
to

Articles of Incorporation of

Samantau Hands Of Bonard Inc.

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

(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:

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)

C. Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida
(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

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:

Page 2 of 4

F. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

I would like your Agency to remove
Mr. Frank Etienne from the Non Profit
Starting 10/1/2019.

Thank you
Kind Regards,
M. Beutland

19 OCT 22 AM 9:17
M. Beutland

The date of each amendment(s) adoption: 9/29/19, if other than the date this document was signed.

Effective date if applicable: 10/1/19
(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 9/29/19

Signature Marie Bertrand
(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)

Marie Bertrand
(Typed or printed name of person signing)

Marie Bertrand, President
(Title of person signing)

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