

N19 000006250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

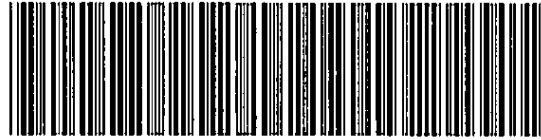
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

12/17/21

Office Use Only



400374360254

12/25/21--01009--013 \*\*35.00

FILED  
2021 DEC 17 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FL



2021 FEB 17 AM 7:42

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2021

SIMON STRONG  
725 W DILIDO DR  
MIAMI BEACH, FL 33139

SUBJECT: THE OLIVER FOUNDATION, INC.  
Ref. Number: N19000006250

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a BENEFIT/SOCIAL CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 321A00027321

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Oliver Foundation Inc

DOCUMENT NUMBER: N19000006250

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

Please return all correspondence concerning this matter to the following:

Simon Strong

(Name of Contact Person)

The OLIVER Foundation Inc

(Firm/ Company)

725 W. Dilido Dr

(Address)

Miami Beach, FL 33139

(City/ State and Zip Code)

Simon@thereasonswhy.us

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

For further information concerning this matter, please call:

Simon Strong

(Name of Contact Person)

at

786 208 0109

(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)

(already sent)

Mailing Address

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

Street Address

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

FILED

The Oliver Foundation, Inc.

2021 DEC 17 PM 4:38

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

N19000006250

SECRETARY OF STATE  
TALLAHASSEE, FL

(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)

N/A

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: N/A

(Florida street address)

New Registered Office Address:

N/A

(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:

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u>X</u> Change ___ Add  ___ Remove	<u>T</u>	<u>Joseph Kellogg</u>	<u>115 Sunrise Dr, Apt PH</u> <u>Key Biscayne, FL 33149</u>
2) <u>X</u> Change ___ Add  ___ Remove	<u>P</u>	<u>Simon Strong</u>	<u>725 W Dillido Dr</u> <u>Miami Beach, FL 33139</u>
3) ___ Change <u>X</u> Add ___ Remove	<u>S</u>	<u>Lisa Graham</u>	<u>5701 SW 50<sup>th</sup> Terrace</u> <u>Miami, FL 33155</u>
4) ___ Change ___ Add  ___ Remove	___	___	___
5) ___ Change ___ Add  ___ Remove	___	___	___
6) ___ Change ___ Add  ___ Remove	___	___	___

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

N/A

☐ 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 April 14, 2021

Signature SL Strong

(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)

SIMON STRONG

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)