N190000 11538

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SUCRETARY OF STATE
TALL ANASSEE: FEORIUM

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Save The Closet, Inc. N19000011538 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/ Company) 13800 Parama City Deach Pkuy St 106-10 #312 be used for future annual report notification) For further information concerning this matter, please call: Ady Pipson (Name of Contact Person) 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) 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

Save The Closet	JUC	
(Name of Corporation as currently filed with the Florida	DO US 38	
	ber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corpora	ation:	
	The new	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Σ)	
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		FILED
Name of New Registered Agent:		
<u>New Registered Office Address</u> :	(Florida street address)	
	(City) (Zif) Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am for		
	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: \underline{X} Change <u>John Doe</u> \underline{X} Remove Mike Jones X AddSally Smith Type of Action Title Name <u>Address</u> (Check One) i) ____ Change __ Add ___ Remove 2) ____ Change ____ Add __ Remove 3.) ____ Change ___ Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add ___ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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Add a	Iditional Artele IX:	.
Diss	QUITON. Upon the dissolution of	<u> </u>
	poration assets shall be distribute	ol_
	or more exempt purposes with	يك
the mean	sing of section 501(d(3) of the	·
Interna	1 Revenue Service Code, or the	
correspon	ding section of any future	
Federal	tax code or shall be distribu	led
to the	Federal Government or to a	
State or	Local Government, for public	<u></u>
purpose		
		
	N.S.C.	- 3
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The date of each amendate this document was significant.		if other than the
Effective date if applical	 	
St. 1000 1 2 2 2 2 1		Date of marks
	in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	nsted as the
Adoption of Amendment	(CHECK ONE)	
The amendment(s) was/were sufficient f	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	

There are no memb- adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.			
Dated _	12/17/2019			•
Signature_(I	is the charman or vice chairman of the board, president or other officer-if directors asy not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed (iduciary by that tiduciary)		_	
	Katherine L. Pinson (Typed or printed name of person signing)			
	President (Title of person signing)			
	(Title of person signing)			
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