## N1900012617

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
	ty/State/Zip/Phone	- #h
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
· · · · · · · · · · · · · · · · · · ·		- <u></u>
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<del></del>
	Office Lise On	1



600344251026 🗸

05/18/20--01025--009 \*\*35.00

S TALLENT JUN 22 2020 2020 JUH 19 AM 11: 13

Murd

11

2020 Jim 15 PM 12: 09

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2020

JONATHAN CONVERY, CPA JONATHAN CONVERY LLC 50 LEANNI WAY C2 PALM COAST, FL 32137

SUBJECT: PTGS FOUNDATION INC

Ref. Number: N19000012617

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 FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Letter Number: 820A00011338

Susan Tallent Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

NAME OF CORPORATION: PTGS COLDON IN INC
DOCUMENT NUMBER: 119000 1 2617
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)
(Name of Contact Person)
Jone this Convey LLC
50 / con later (2 )
50 Lan Wy (2 B
Palm (not FL 32137 (City/ State and Zip Code)
(City/ State and Zip Code)
you a than & convery concor
E-mail address: (to be used for future annual report notification)
further information concerning this matter, please call:
Tonathan Convey at 386 445-4375  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
osed 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 (Additional copy is enclosed) ☐ \$60 Filing Fee Certificate of Status (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment

to

Articles	of	Incorporation
;		of

MGC Fa	-	Tac	
(Name of Corporation as currently filed with the	// CO   / 1/1/1	<u> </u>	
1/1/CA () = 0 0 1	2 C 1	,	
1/ 9000	4611	<del></del>	
(Docume	nt Number of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florid</i>	a Not For Profit Co	rporation adopts the following
1. If amending name, enter the new name of the	corporation:		
			The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name.	·	rporated" or the ab	breviation "Corp." or "Inc."
Enter new principal office address, if applicab			
rincipal office address <u>MUST BE A STREET AL</u>	<u>ννεύν</u> )		2020 JUH 19 AH 11: 13
	<del>- 1 </del>		=======================================
Enter new mailing address, if applicable:			9
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	· · · · · · · · · · · · · · · · · · ·	<u> </u>
			<u> </u>
f amending the registered agent and/or regist		Florida, enter the	name of the
Name of New Registered Agent:			
<del>-</del>	·	(Florida street ad	ldress)
<u>New Registered Office Address:</u> :			
			Florida
_	(City)		(Zip Code)
mint and Amenda Simonton if the main D			
egistered Agent's Signature, if changing Revacept the appointment as registered agent.		d accept the obligat	ions of the position
appendix as regioned agent	y	vongu	on of an position.
<del></del>	Signature of Ne	w Registered Agent,	if changing
	- 5	3	ysm5

P = President; V = Vice	ets, if necessary) Adirector title by the e President; T= Tr O = Chief Financia	e first letter of the office title: easurer: S= Secretary; D= Director; TR= T al Officer. If an officer/director holds more ti	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office
	leaves the corporat	ion, Sally Smith is named the V and S. These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add		<u>Doe</u> Jones Smith	
vpe of Action heck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add			
Remove			
Change Add	<del></del>		
Remove Change Add Remove	<del></del>		
Change Add			
Remove			
_ Change _ Add	<del></del>		
_ Remove			
Change Add	<del></del>		<del></del>
Remove			
	ding additional A. heets, if necessary).	rticles, enter change(s) here: . (Be specific)	
the	dissolution	of the objection	, assets shill be
History	for one	or more exempt purpos	12 within the Manny
Section	n 501(C)[	3) of the Internet 1	Rivine Code, os
May 50	ichina of on	y future telant tox cole,	or shall he distributed to
dry on	velom of 1 of	to a state or local government	Her a public purpose

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

		_
		_
		<del></del>
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	_
		_
		_
<del></del>		
		<del>-</del>
		_
		_
		_
te of each amendment(s) adoption: s document was signed.	, if oth	er than t
e date <u>if applicable</u> :  (no more than 90 days after amendment fi		

I'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.

n of Amendment(s) (CHECK ONE)

amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) were sufficient for approval.

Dated	6-17-20	
Signature	billiand life ( )	
(By that	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	(Typed of printed name of person signing)	