N19000013138

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2022 MAR -3 AM II: 51 SECRETARY OF COORS

COVER LETTER

TO: Amendment Section Division of Corporations	•		•
NAME OF CORPORATION: Escambia County Human R	telations Commissi	on, lnc.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted	for filing.		
Please return all correspondence concerning this matter to the	e following:		
Lumon May			
(Name	e of Contact Person)	
Escambia County Human Relations Commission, Inc.			
	Firm/ Company)		
150 W. Maxwell Street			
	(Address)		
Pensacola, FL 32514			
(City/	State and Zip Code	:)	
ahenderson@ephrc.com			
E-mail address: (to be used for fu	ture annual report r	otification	i)
For further information concerning this matter, please eall:			
Al Henderson	850		7541500
(Name of Contact Person)	atat (Arc	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Depa	rtment of	State:
Certificate of Status Cert (Add	.75 Filing Fee & diffied Copy ditional copy is losed)	Certifi Certifi	Filing Fee cate of Status ed Copy nonal Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amendi Division	Address ment Secti n of Corpo	

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED 2022 MAR -3 AHII: 51

Escambia County Human Relations Commission, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N19000013138 (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 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: N/A (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: (Florida street address) New Registered Office Address: N/A ___, Florida _ (Zip Code) (City) 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add		<u>N/A</u>	
Remove			
2) Change Add		N/A	
Remove 3) Change Add Remove		<u>N/A</u>	
4) Change Add		<u>N/A</u>	
Remove			
5) Change Add		N/A	
Remove			
δ) Change Add		<u>N/A</u>	
Remove			
E. If amending or addin (attach additional sheet	g additio s, if nece.	nal Articles, enter change(s) here: ssary). (Be specific)	
ARTICLE III - Purpose ha	is been ai	mended to read as follows:	
The reestablishing of the I	Escambia	County Human Relations Commission by ordinance	serves a compelling purpose for
the benefit of the citizens	of Escam	bia County. The Escambia County Human Relations	Commission shall be re-established
for the following purposes	<u>:</u>		· · ·
1. To foster an environment	nt that ad	vocates and encourages fair treatment and equal opportunity	ortunity for all persons regardless of

sex, race, color, religion, ancestry, physical or mental disability, or national origin
2.Provide assistance to the community helping to review and resolve employment and fair housing discrimination complaints
3. Collaborate with community stakeholders to create solutions that better community relations while promoting diversity,
equity, and inclusion
4. The exclusive purposes of this corporation are charitable and educational within the meaning of Section 501C3 of the IRS
ARTICLE X - Dissolution
Upon dissolution, asssets of the Escambia County Human Relations Commission shall be distributed according to applicable
County Ordinances and/or State Statutes. The Corporation shall not afford pecuniary gains, incidentally or otherwise, to its
members upon the dissolution of this organization.
The date of each amendment(s) adoption:
Effective date if applicable: March 1, 2022
(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 th 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.

Б.	January 25, 2022
Dat	
Sign	nature June 1/ four
	(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 fiductary by that fiduciary)
	Lumon May
	(Typed or printed name of person signing)

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