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PEC 1 0 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	on Inc		
DOCUMENT NUMBER:		· •	
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this ma	itter to the following:		
Lucy Palacios			
	(Name of Contact l	Person1	
M & L ACcounting Service Inc			
	(Firm Compar	ıyı '	
16969 NW 67 Avenue Ste 208			
	(Address)		
Hialeah, FL 33015			
	(City State and Zip	(Code)	
łucyą mlaccountingservice.com			
E-mail address: (to be use	ed for future annual re	port notificatio	n)
For further information concerning this matter, pleas	se call:		
Lucy Palacios	:1	305 t	231-7212
(Name of Contact Perso	<u>m)</u> ((Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
■ \$35 Filing Fee ■ S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certit is Certit	0 Filing Fee icate of Status icd Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Sect ivision of Corpo he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Santuary Foundation Inc	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
N20000003756	
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
SANCTUARY R12 FOUNDATION INC	The ne
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp," or "Inc.
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stating matress SEAT BE A FOST OFFICE BOX)	
	<u></u> &
	<u></u>
). If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	Florida
	(Zip Code)
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept the obligations of the position.
	Signature of New Registered Agent, it 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:

tAttach additional sheets, if necessary r

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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
61 Change Add			
Remove			
E. <u>If amending or adding</u> (attach additional sheet.	<mark>gadditi</mark> o s. <i>if neces</i>	nal Articles, enter change(s) here; (Sury) — (Be specific)	
PLEASE ADD THE FEDI	ERAL NU	ZMBER 85-1978213	

		
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		·
The date of each amendment(s) adoption: date this document was signed.	10/14/2020	, if other than the
Effective date if applicable:		
(no) more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not State's records.	ot be listed as the
Adoption of Amendment(s) (<u>C</u>	THECK 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.

	nembers of members entitled to vote on the amendment(s). The amendment(s) was were a board of directors.
Dated	10 14 2020
Signa	(By the charman of vice charman 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)
	MONICA NORIEGA
	(Typed or printed name of person signing)
	PRESIDENT FOUNDER