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COVER LETTER

TO: Amendment Section Division of Corporations TLC Community Foundation Inc NAME OF CORPORATION: N20000003765 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Steven Morgan (Name of Contact Person) TLC Community Foundation (Firm/ Company) 3310 Stoneman Loop (Address) Land O Lakes, Fl 34638 (City/ State and Zip Code) info@tlccommunityfoundation.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven Morgan 727 214-8308 (Name of Contact Person) (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (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

(Name of Corporation as currently filed with the Florida Dept. of State) N20000003765	
N20000003765	
(Document Number of Corporation (if known)	· · ·
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporat</i> imendment(s) to its Articles of Incorporation:	tion adopts the followi
A. If amending name, enter the new name of the corporation:	
	The ne
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbrevia "Company" or "Co." may not be used in the name.	ttion "Corp," or "Inc.
B. Enter new principal office address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
	<i>بن</i>
	(
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Huning unitees MAT DI, AT OST OTTICE DOA)	-
	
D. If amending the registered agent and/or registered office address in Florida, enter the name of	<u>of the</u>
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
(Florida street address)	
New Registered Office Address:	
·	lorida (Zip Code)
(C_{ij})	(гір Сойе)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	t the position.
Signature of Lew Registered Agent, if cha	mging
/ /	

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	PT John De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add		JOHNSON, TOMOTHY	3310 STONEMAN LOOP LAND OF LAKES, FL 34638
 X Remove 2) Change Add 	<u>D</u>	Sarah Morgan	3310 Stoneman Loop Land O Lakes, Fl 34638
Remove 3) Change	<u>D</u>	Jason Morgan	3310 Stoneman Loop Land O Lakes, Fl 34638
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter ch <u>ange(s) here</u> : (Be specific)	

		
-	<u> </u>	
		
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_		
		<u></u> _
The date of each amendment(s) adoption: date this document was signed.	June 1 2020	_, if other than the
Effective date if applicable: June 1, 2020		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not tof State's records.	be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

	June 23, 2020
Dated	
C:	
Signa	(By the charman 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 fiduciar by that fiduciary)
	Steven Morgan
	(Typed or printed name of person signing)

(Title of person signing)