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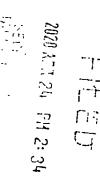
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Amendico

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#### COVER\_LETTER

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NAME OF CORPORATION: Savasota Manatee Community Response Team, Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Grace Moran
(Name of Contact Person) amiami Sayasatamanatee crtagmal. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stace Movan
(Name of Contact Person)

at 941 - 296 - 5995
(Area Code) (Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee \$\$43.75 Filing Fee \$\$ \$\$43.75 Filing Fee & Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

### Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

### Street Address

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

Savasata Manatee Co	mmuniti	Response	Team	alac
(Name of Corporation as currently filed with the Florida	Dept. of State)	1150-11105		.11.11.
N120000000	7 /			
<u>N 20000038 / </u>	<u> </u>	v: C1		
(Document Num)	ber of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Ne</i>	ot For Profit Corporati	ion adopts the	e following
A. If amending name, enter the new name of the corpora	tion:			
-				The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	ition" or "incorpo	rated" or the abbrevia	tion "Corp."	or "Inc."
B. Enter new principal office address, if applicable:			٠.,	<b>6</b> 3
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			1
		· <del></del>		- <del>=</del> ;n
				N.)
		<del></del>	: -	-t-
C. Enter new mailing address, if applicable:				न ।
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>		<del></del> -	₹ <del>*</del>
				ີ ພ
				<u>+</u>
D. If amending the registered agent and/or registered off	ice address in Flo	rida enter the name (	of the	
new registered agent and/or the new registered office		inda, enter the maine t	<u> </u>	
Name of New Registered Agent:				
(Florida street address)				
New Registered Office Address:				
		, Fl	orida	
	(City)	(	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		ecept the obligations of	the position.	
<u></u>	Signature of New R	egistered Agent, if chai	nging	

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>V</u> <u>Mik</u>	n Doe re Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	<u>T</u>	Amanda Kish	407 NE 25th Ave Cape Coral, FL 33909
Remove  2) Change Add	S	Rebecca Owen	(e056 Car Iton Ave Sarasota, EL 34231
Remove Change Add Remove	PI	Grace Moran	7269 Mauna Loa Blya Sarasota, FL 34241
4) Change Add			
Remove  5)ChangeAddRemove			
6) Change Add			
E. If amending or a		Articles, enter change(s) here: v). (Be specific)	

	<del></del>
<del></del>	<del></del>
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1 1	
The date of each amendment(s) adoption: 04/18/2020 date this document was signed.	, if other than th
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	: will not 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)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the board of directors.
Dated 04/22/2020
Signature Glace Cloud, President
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 fiduciary by that fiduciary)
Grace Movan (Typed or printed name of person signing)
President.
(Title of person signing)