N20000006274

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800363602978

RECEIVED

Color to the time that the stand



XXIII

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The Arts Employment, Public Health Fundation
DOCUMENT NUMBER: 1/200000 6274
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHIRAH MORGAN
(Name of Contact Person)
The Arts, Employment & Public Health Foundation Frc.
2351 Wost Atlantic Blud # 668044 (Address)
Pomparo Beach, TL. 33066 (City/ State and Zip Code)
teph foundation of militarianian report notification)
For further information concerning this matter, please call:
Ohir PH MORG MORGAN (1954) 732-4867 (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 (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

	of
The Arts Empkymen f (Name of Corporation as currently filed with the	3 Rublic Health Frundation In a
11200000	122(1
	ent Number of Corporation (if known)
(Docume	ant Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:
-	
	The new
"Company" or "Co." may not be used in the name.	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab	
(Principal office address MUST BE A STREET AD	DKESS)
C. Feter new mailing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	OX)
	187 N
	500 表 市
\	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	1 office address:
Name of New Registered Agent:	- D
<u> </u>	22 - 11 (22 - 12)
<u>.</u>	2351 W. Atlantic Blus # 6630KP
New Registered Office Address:	(rioriaa sireei adaress)
	0 20 20 20
-	Pompino Bach Florida 33066 (City) (Zip Code)
	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered 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:

Please note the officer/director life by the first letter of the office title.

D = Provident: V= Vice Provident: T= Transport S= Countains: D= I

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 I V Mike I SV Sally S	Jones .	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	Director	Metanie Boergmaie/	2351 Dost Atkentic Duc 668044 Pompano Beach, T. 33066
Remove 2)ChangeAdd	Director	Mary Lhicconi	2351 hbest AtkinticBlu # 668044
Remove 3) Remove Add Remove			Pompero Brach, Fi. 330
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			
E. If amending or ad (attach additional si	heets, if necessary).		
Iam no	t a "ne	o" registered ag	jent. However,
mere nee	ds to	be an amendment	t on theaddress
for the	registere	o" registered ag be an amendment of agent. Tho	Correct
acall	ピラノ		



15 :
2351 W. Atlantic Blue # 668044
Pompano Beach, Fl. 33066
Not: The cent # 668044 was omnitted
The date of each amendment(s) adoption:, if other than the date this document was signed.
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 will not be listed as the 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.

Dated

Signature

(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)

Shirah Morgania Agent

(Typed or printed name of person signing)

05

there are no members or members entitled to vote on the amendment(s). The amendment(s) was/were