N20000006878

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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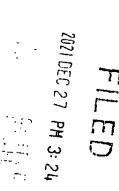
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C. BRUMBLEY
JAN 13 2022



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Circle of Wellness and Community in indation,
DOCUMENT NUMBER: <u>\(\lambda 200006878\)</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Brown (Name of Contact Person)
(Name of Contact Person)
Circle of Wellness and Community Foundation, Comp
6881 Kingspointe PKWY #17C
Orlando, Fl 32819 (City/ State and Zip Code)
(City) State and Esp Code)
mlb legacyenter Drises Q ancul, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Might Brown at 407-463-5622 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee

Mailing Address

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

	mmunity Foundation-Cons
(Name of Corporation as currently filed with the Florida I	Dept. of State)
120000006878	N proset
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	
	The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	6881 Kingspointe PKwy Ste 170 Orlando, Fl 32819
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10881 Kingspointe PKwijste 170 Orlando, Fl 32819
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent: UL	B Legacy Enterprises, LC
Mb Co	9300 Conroy Windermere Rd #3.360 (Florida Jurcet address)
New Registered Office Address:	
Windo	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	
	gnature of New Registered Agent, if changing
\leq_{Si}	gnature 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		Doe : Jones · Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	<u> </u>	Yolanda Sanders	6881 Kings Pointe DKwy #-170
Remove 2) Change Add	76_	Yvona Gorizalez	
Remove Change	<u>VP.</u>	Dostray Allen	6881 Kingspoint Prwy # 170
Remove 4) Change Add	T	Yvette Tomussini	
Remove 5) Change Add	S	Nicole Hobson	6881 Kings Dointe Drwy #17 Orlando, Fl 32819
Remove 6) Change Add			
		rticles, enter change(s) here:	
(attach additional sh	eeis, if necessary)). (Be specific)	
			

Nik	
	
	
The date of each amendment(s) adoption: $11/22/202/$ date this document was signed.	_, if other than the
tate this document was signed. Effective date if applicable: 12/15/2021 (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 document's effective date on the Department of State's records.	be listed as the
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.	

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 $\frac{12}{15}$ $\frac{1}{2}$
Signature Wishill B
(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)
Michelle Bookson (Typed or printed name of person signing)
President
(Title of person signing)