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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(P.,	siness Entity Nar	
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	THY E. GAYLE MEMORIA	AL FOUNDATION INC
DOCUMENT NUMBER: N20000013928		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
WARREN D. REID		
	(Name of Contact Pe	erson)
REIDS INCOME TAX & COMPUTER SER	VICE, LLC	
	(Firm/ Company	y)
5419 NORTH STATE ROAD 7		
	(Address)	-
TAMARAC, FL 33319-2921		
	(City/ State and Zip	Code)
w.reid1993@gmail.com		
E-mail address: (to	be used for future annual rep	port notification)
For further information concerning this matter	r, please call:	
WARREN REID	at	954 717-0651
(Name of Contact		(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida I	Department of State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of		Certificate of Status
Mailing Address Amendment Section		reet 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

THE DOROTHY	E. GAYLE MOMORIAL	FOUNDATION INC

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N20000013928		
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts th	ne following
A. If amending name, enter the new name of the corpo	oration:	
THE DOROTHY E. GAYLE MEMORIAL FOUNDATI	ON INC	The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ess)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	1 2300 DEC 23
) <u>.</u>
		23
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		PN 2:42
	1/1	,ET
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. Lan		
	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:

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add		NA	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			<u> </u>
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	
		NIA	

		
		
		
		
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The date of each amendment	t(s) adoption:	, if other than the
date this document was signed		It other than the
	01/01/2021	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on t	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/w	vere adopted by the members and the number of votes east for the amendment(s)	

was/were sufficient for approval.

Dated	01/01/2021
	(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)
	TEJAUN J EAST
	(Typed or printed name of person signing)