## N21000003506

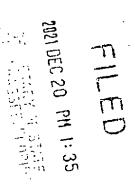
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Special Instructions to	Filing Officer:	
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A. RAMSEY JAN 2 0 2027

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	E FOUNDATION		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this matter	er to the following:		
LEN JOHNSON			
	(Name of Contact Per	rson)	
JOHNSON & ASSOCIATES ACCOUNTING LLC			
	(Firm/ Company)		
3600 S. STATE RD 7, SUITE 38			
	(Address)	<u> </u>	
MIRAMAR, FL 33023			
	(City/ State and Zip Co	ode)	
Imj@accountant.com			
E-mail address: (to be used	for future annual repo	rt notification	1)
For further information concerning this matter, please of	call:		
LEN JOHNSON	3 at	05	318-1007
(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee &	□\$52.50 Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is
Mailing Address Amendment Section Division of Corporations	Amen	t Address dment Section on of Corporation	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

FILED

**EPHPHATHA CARE FOUNDATION** <u> 2021 DEC 20 PM I: 35</u> (Name of Corporation as currently filed with the Florida Dept. of State) POSTALLY OF STATE N21000003506 รรา แผ่นจัจสุดได้ ก็ที่ที่ก็ร (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: EPHPHATHA CARE INC name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Attach additional she Please note the officer P = President; V = Vic	ets, if necessary director title by ee President; T= O = Chief Final	Director being added: v) the first letter of the o = Treasurer; S= Secretor coial Officer. If an officer	
Changes should be not a change, Mike Jones Mike Jones, V as Remo	ieuves ine corpo	rauon, sauv smuh is n	John Doe is listed as the PST and Mike Jones is listed as the V. There is amed the V and S. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>V</u> <u>M</u>	<u>hn Doe</u> ike Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add		<u>N/A</u>	
Remove			
2) Change			

\_\_\_ Add

3) \_\_\_\_ Remove 3) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

4) \_\_\_\_ Change \_\_\_ Add

5) \_\_\_\_ Change \_\_\_\_ Add

6) \_\_\_\_ Change \_\_\_\_ Add

N/A

\_\_\_\_ Remove

\_\_\_\_ Remove

\_\_\_\_ Remove

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

				<del></del>
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The date of the second				
he date of each amendment(s) adopti ate this document was signed.	on:		<del></del>	, if other than the
Effective date if applicable:				
ricetive date ii applicable:	(no more than 90 days a	Her amondman Gl. J	eta)	
lote: If the date inserted in this black is				
ote: If the date inserted in this block document's effective date on the Departr	es not meet the applicable ent of State's records.	statutory filing requ	irements, this date will no	t 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)

כ	There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
	Dated	12/01/2021
	Signature _	Elainol
	1	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)
		Emanie Dorival
		(Typed or printed name of person signing)
		President/Chairperson
		(Title of person signing)