

N21 0000005333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

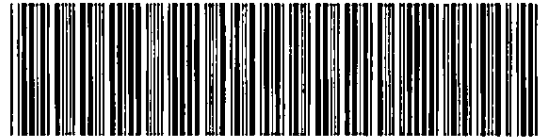
(Business Entity Name)

(Document Number)

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2021 OCT 21 PM 3:36

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Albritton

OCT 25 2021

I ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Rachel Lindsay Foundation For Women's Orthopedic Health

DOCUMENT NUMBER: NA1000005333

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel Gibson

(Name of Contact Person)

(Firm/ Company)

11420 U.S. Highway 1

(Address)

North Palm Beach, FL 33408

(City/ State and Zip Code)

Rachel Lindsay Foundation @ gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Gibson

(Name of Contact Person)

at

561-633-3161

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

PAID

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 21 AM 11:49

October 7, 2021

RACHEL LINDSAY GIBSON  
1084 RAINTREE DRIVE  
PALM BEACH GARDENS, FL 33410

SUBJECT: RACHEL LINDSAY FOUNDATION FOR WOMEN'S ORTHOPEDIC  
HEALTH, INC.  
Ref. Number: N21000005333

We have received your document for RACHEL LINDSAY FOUNDATION FOR  
WOMEN'S ORTHOPEDIC HEALTH, INC. and your check(s) totaling \$35.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

The document must have original signatures.

Non-Profit corporations must have original signatures as a computerized  
signature is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 721A00024439

Rachel Nimsey, <sup>of</sup> Foundation For Women's Orthopedic Health  
currently filed with the Florida Dept. of State

152000005333

11420 US Highway 1  
North Palm Beach, FL 33408

same

Rachel Lindsay-Gibson

11420 U.S. Hwy 1

North Palm Beach

Florida

33408

Rachel Lindsay-Gibson

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Susan Glass</u>	<u>1084 Kaintree Dr</u> <u>Palm Beach Gardens, FL</u> <u>33410</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Dr. Tracy Banks</u>	<u>931 Village Blvd</u> <u>West Palm Beach, FL</u> <u>33408</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

n/a

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The date of each amendment(s) adoption: July 21, 2021, if other than the date this document was signed.

(no more than 90 days after amendment file date)

**(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 10/18/2021

Signature Rachel Lindsay Givens  
(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)

Rachel Lindsay-Givens  
(Typed or printed name of person signing)

President  
(Title of person signing)