

N21000005517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

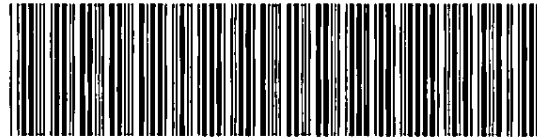
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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: Count My Health^{equity} Foundation, Inc.

DOCUMENT NUMBER: N21000005517

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

Please return all correspondence concerning this matter to the following:

Chenelle Harris

(Name of Contact Person)

Count My Health Foundation

(Firm/ Company)

207 Young Street

(Address)

Tallahassee, Florida 32304

(City/ State and Zip Code)

charris@countmyhealth.com

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

For further information concerning this matter, please call:

Chenelle Harris

(Name of Contact Person)

202 641 3304

at (Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

Count My Health Equity Foundation, Inc. 05
Name of Corporation as currently filed with the Florida Dept. of State

N21000005517

(Document Number of Corporation (if known))

According 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

If amending name, enter the new name of the corporation:

Put on Black Incorporated The new
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.

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

4719 W 1st Ave Terr W
Bradenton, FL 34210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(City)

Florida

(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

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. A 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:

Change	PT	John Doe
Remove	V	Mike Jones
Add	SV	Sally Smith

<u>Type of Action</u> (check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	PT	Thomas Haynes	207 Young Street Tallahassee, FL 32304
<input checked="" type="checkbox"/> Remove			
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	V	Christin Haynes	608 Hampton Avenue Tallahassee, FL 32304
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

(Attach additional sheets, if necessary) (Be specific)

date of each amendment(s) adoption: _____, if other than the
this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

16 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
amendment's effective date on the Department of State's records.

option of Amendment(s) (CHECK ONE)

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 10/16/2023

Signature Chenelle Harris

(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)

Chenelle Harris
(Typed or printed name of person signing)

President
(Title of person signing)