## N210000 10762

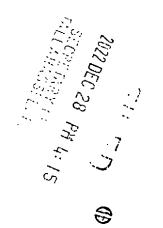
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations			•
FORTNER FAMILY NAME OF CORPORATION:	FOUNDATION, IN	C.	
N21000010762 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
CHRISTOPHER FORTNER			
	(Name of Contact Pe	rson)	
	(Firm/ Company	)	
11435 NW 10TH LANE			
	(Address)		
GAINESVILLE, FL. 32606			
	(City/ State and Zip C	Code)	
CFORTNER@SUWANNEEMEDICAL.COM			
E-mail address: (to be used	for future annual rep	ort notification	n)
For further information concerning this matter, please	call:		
CHRISTOPHER FORTNER	at.	352	
(Name of Contact Person	at.	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida I	Department of :	State:
■ \$35 Filing Fee	□S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address  Amendment Section		eet Address lendment Secti	on
Division of Corporations		ision of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of



FORTNER FAMILY FOUNDATION, INC.

Name of Corporation as currently filed with the Fl	lorida Dept. of <u>State</u> )	
N21000010762		
(Documen	t Number of Corporation (if ki	iown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "c	orporation" or "incorporated	The new or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
	(Fi	orida 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.		the obligations of the position.
	Signature of New Regist	ered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
i) Change Add		_		
Remove			<del></del>	
2) Change Add				
Remove		_		
4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add Remove				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
ARTICLE III - NEED TO ADD THE FOLLOWING:				
Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code,				
or shall be distributed to the federal government, or to a state or local government, for a public purpose.				

The Foundation shall refrain from acting so a	as not to subject the foundation to the taxes imposed by sections 4941(r	clating to
taxes on self-dealing), 4942 (relating to taxe	es on failure to distribute income), 4943 (relating to taxes on excess bus	iness
holdings), 4944 (relating to taxes on investm	ents which jeopardize charitable purpose), and 4945 (relating to taxable	<u> </u>
expenditures)		
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The date of each amendment(s) adoption: date this document was signed.		_, it other than the
Effective date if applicable:	12/22/22-	
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not of State's records.	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)

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	12/22/2	2	
Signature			
(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)			
	CHRISTOPHER FORTNER		
	(Typed or printed name of person signing)		
	PRESIDENT	C.A. Ek	
	(Title of person signing)		