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TALLAHASSEE FLORIDA

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: AMERIC	AN ART CURE FOUN	DATION IN	<u>C</u>	
DOCUMENT NUMBER:			N21000	010788	
The enclosed Articles of Am	endment and fee are sub	mitted for filing.			
Please return all corresponde	ence concerning this matt	er to the following:			
		Sonia Becerra			
		(Name of Contact Pers	on)		
		Swyft Filings			_
		(Firm/ Company)			
	3	Greenway Plaza #1320			
		(Address)			
		Houston, TX 77046			_
		(City/ State and Zip Co	de)		
	-mail address: (to be used	martycureartist@gma	iil.com		
E	-mail address: (to be used	I for future annual repor	t notification	1)	
For further information conc	erning this matter, please	call:			
	Sonia Becerra	at		877-777-0450	
	(Name of Contact Persor	<u>(</u>	Area Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida De	partment of	State:	
X \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)	
<u>Mailing A</u> Amendme			t Address adment Sect	ion	

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

AMERICAN	NART CURE FOUNDATION INC		-1235 F
Name of Corporation as currently filed with the Flo			[T] C
	N21000004125 N210	0010788	OF STATE
(Document	Number of Corporation (if known)	ORID
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pro	fit Corporation adopts t	
. If amending name, enter the new name of the col	rporation:		
		<u> </u>	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or .	the abbreviation "Corp.	" or "Inc."
)			
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>		<u> </u>	
		<u> </u>	
S. Programme and the second second			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	V		
		<u> </u>	
			_
			.,
D. If amending the registered agent and/or registere	ed office address in Florida, ente	r the name of the	
new registered agent and/or the new registered o		the name of the	
Name of New Registered Agent:			
		· · · · · · · · · · · · · · · · · · ·	-
	(Florido s	(treet address)	
New Registered Office Address:	Tr Horace, S	neer data evoy	
		. Florida	
-	(City)	Florida (Zip Code)	
low Degistered Apont's Simuston is the major Desire		-	
New Registered Agent's Signature, if changing Registerely accept the appointment as registered agent. I		bligations of the position	ı.
	-	, , , , , , , , , , , , , , , , , , ,	
V			
X 	Signature of New Registered :	Igent, 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 I V Mike SV Sally 5	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	DIR_	BRETT DININGER	5620 BERLIN DR PORT RICHEY, FL 34668
	DIR	Jim Nunez	5620 BERLIN DR PORT RICHEY, FL 34668
Remove 3) Remove Add Remove	VP	Brett Dininger	5620 BERLIN DR PORT RICHEY, FL 34668
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

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The date of each amendment(s) adoption date this document was signed.	otion:			, if other than the
P				
Effective date <u>if applicable</u> :	(no more than 90 c	, c		
	(no more than 90 c	tays after amendmeni	(file date)	
Note: If the date inserted in this block	does not meet the ann	licable statutory filing	o requirements, this date w	ill not be listed as the
document's effective date on the Department	rtment of State's recor	ds.	E reguirements, this date w	in notice fisted as the
	at cruit o recor			
Adoption of Amendment(s)	(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 April 5 2072				
Signature Mary Cure				
(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)				
(Typed or printed name of person signing)				
Marty Cure- President				
(Title of person signing)				

2022 MAY -3 PH 2: 50
TALLAHASSEE FIORINA