# N21000010831

| (Requestor's                       | s Name)               |
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2021

LAURA SUGRUE 4511 W KNOX ST TAMPA, FL 33614

SUBJECT: THE LISA ESPOSITO CHARITY FOUNDATION, INC. Ref. Number: N21000010831

We have received your document for THE LISA ESPOSITO CHARITY FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the type of action For Cheryl, either check change, add or remove. If you are not making any changes to that individual then they dont need to be on the amendment.

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.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 321A00026534

www.sunbiz.org

|  |  | COVER LETTER  |                    |  |
|--|--|---|--------------------|--|
| O: Amendment Section<br>Division of Corporations | ŝ  |   |                    |  |
| AME OF CORPORATIO                                | The Lisa Esposito C N:                         | harity Foundation (In)  | _ \                |  |
| N<br>NOCUMENT NUMBER:                            | 121000010831                                   |   |                    |  |
| he enclosed Articles of Ame                      | indment and fee are sub:                       | mitted for filing.  |                    |  |
| lease return all corresponder                    | ice concerning this matt                       | er to the following:  |                    |  |
| .aura Sugrue                                     |  |   |                    |  |
| · · · · · · · · · · · · · · · · · · ·            | <u>.</u>                                       | (Name of Contact Persor   | ı)                 |  |
| he Lisa Esposito Charity Fo                      | undation                                       |   |                    |  |
| · · · · · · · · · · · · · · · · · · ·            |  | (Firm/ Company)   |                    |  |
| 511 W. Knox St                                   |  |   |                    |  |
|  |  | (Address)   |                    | ·····  |
| ampa, FL 33614                                   |  |   |                    |  |
| · · · · · · · · · · · · · · · · · · ·            |  | (City/ State and Zip Code   | :)                 |  |
| echarityfoundation@gmail.c                       | om   |   |                    |  |
| E-1  | mail address: (to be used                      | I for future annual report  | otification        | n)   |
| or further information conce                     | rning this matter, please                      | e call:   |                    |  |
| aura Sugrue                                      |  | 813   | <b>š</b>           | 335-2946   |
| ()   | Name of Contact Person                         | ) at (Ar  | ea Code)           | (Daytime Telephone Number)   |
| nclosed is a check for the fo                    | llowing amount made pa                         | ayable to the Florida Depa  | irtment of         | State:   |
| □ \$35 Filing Fee (                              | □\$43.75 Filing Fee &<br>Certificate of Status | ■\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certifi<br>Certifi | D Filing Fee<br>icate of Status<br>ied Copy<br>tional Copy is<br>used) |
|  | ldress   | Street  | Address            |  |



#### Articles of Amendment to Articles of Incorporation of

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The Lisa Esposito Charity Foundation

#### (Name of Corporation as currently filed with the Florida Dept. of State)

N21000010831

(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:

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| N/A  |  | The  | new         |
|--|--|--|-------------|
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name. | prporation" or "incorp   | orated" or the abbreviation "Corp." or "In | 1C. ''      |
| B. Enter new principal office address, if applicable:  | N/A  |  |             |
| (Principal office address <u>MUST BE A STREET ADDI</u>   | <u>RESS</u> )  |  |             |
|  |  | <b>2021</b>                                | — :.        |
| C. <u>Enter new mailing address, if applicable:</u><br>(Mailing address <u>MAY BE A POST OFFICE BOX</u>  | ý <u>N/A</u>   | NOV 10                                     |             |
|  |  | S C AM                                     | Π           |
|  |  |  | 5           |
| D. If amending the registered agent and/or registere<br>new registered agent and/or the new registered o |  | orida, enter the name of the               | <b>4</b> D  |
| Name of New Registered Agent: N/A  | N  |  |             |
|  |  | (Florida street address)                   |             |
| <u>New Registered Office Address:</u>  |  | N N  |             |
| N/A  | N Contraction of the second se | , Florida                                  |             |
|  | (City)   | (Zip Code)                                 |             |
| New Registered Agent's Signature, if changing Regis  | stered Agent:  |  |             |
| Thereby accept the appointment as registered agent. T  | am familiar with and a   | ecept the obligations of the position.     |             |
| بر<br>+  | AM.  | the pot cha                                | MARY        |
|  | Signature of New I   | Registered Agent, if changing              | <u>-L_k</u> |

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## 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:<br><u>X</u> Change<br><u>X</u> Remove<br><u>X</u> Add | <u>PT</u> John E<br>V Mike J<br>SV Sally S | lones                |  |
|--|--|----------------------|--|
| <u>Type of Action</u><br>(Check One)                           | <u>Title</u>                               | Name                 | <u>Addres</u> s                              |
| 1) Change<br>Add   | <u>VP</u>                                  | LISA POLK remove     | 351 RUBY LAKE LOOP<br>WINTERHAVEN, FL 33884  |
| $\frac{x}{2} Remove$ 2) Change $\frac{x}{2} Add$               | <u>VP</u>                                  | APRIL KENNEDY Add    | 12039 TIMBERHILL DR<br>RIVERVIEW, FL 33569   |
| 3) Remove<br>Add   | <u>OFCR</u>                                | CHERYL MOSLEY FRWOVE | 845 CENTER CREST BLVD<br>DAVENPORT, FL 33837 |
| 4) Change<br>Add   |  |                      |  |
| 5) Remove<br>5) Change<br>Add                                  | OFCR                                       | ERIC SUGRUE remove   | 4511 W KNOX ST<br>TAMPA, FL 33614            |
| x Remove   |  |                      |  |
| 6) Change<br>Add   |  |                      |  |
| Remove   |  |                      |  |

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

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| The date of each amendment(s) adoption: | : | , if other the |
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

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| Dated     | 10/17/2021                                       |
|-----------|--|
| Dated _   |  |
| Signature | - AM Sugue                                       |
|           | By the chairman or vice chairman of the board, p |

(By the chairman of 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)

LAURA SUGRUE

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(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)