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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations			
NAME OF CORPORATION: WELCOME	Home Co	Mective Conf	>
DOCUMENT NUMBER: _ [
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Elizabeth Bailey	(Name of Contact Perso		
'	(Name of Contact Perso	n)	
Welcome Home Cos	lective		
	(Firm/ Company)		
1436 Flanders Rd			
	(Address)		
Jacksonville EL	3220	1	
	(City/ State and Zip Cod	le)	
Welcomehome Collective E-mail address: (10 be used	e COCD (G)	amail com	
For further information concerning this matter, please	call;		
Elizabeth Bailey (Name of Contact Person)	at (A	rea Code) (Daytime Telephone	e Numbér)
Enclosed is a check for the following amount made page			
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & (Certificate of Status)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	F 77 E 77 E 78 HB 1 2: 48
Mailing Address Amendment Section		Address dment Section	
Division of Corporations		on of Corporations	

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

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WELG	$^{\circ}$ ON	4E H0	OME.	COL	LECT	IVE CO	ORPOR	ATION

Name of Corporation as currently filed with the Florid	a Dept. of State)	
N/A		
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(33</u>)	
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1529 BROOKWOOD RD	
	JACKSONVILLE, FL 32207-0426	
		_
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		
Name of New Registered Agent:		
Nume of New Neglinered Agem.	· · · · · · · · · · · · · · · · · · ·	-10
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	• • • • • • • • • • • • • • • • • • • •
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
	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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jon Sally Sm	<u>eş</u>	
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>	<u>Addres</u> s
l) Change Add				
Remove				
2) Change Add		- .		
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				<u> </u>
6) Change Add				
Remove				
E. If amending or additional sheet			les, enter change(s) here: (Be specific)	·
Adding - Article VII:				
The organization may be	dissolved	l only with	authorization of its Board of Directors given	at a special meeting called for
that purpose, and with the	e subsequ	ent approv	al by no less than two-thirds (2/3) vote of the	members. In the event of the
dissolution of the organiz	zation, the	assets sha	Il be applied and distributed as follows:	
All liabilities and obligat	ions shall	be paid, sa	atisfied and discharged, or adequate provision	shall be made therefore.

and educational organization, organized under Section 501 (c)(3) of the Internal Revenue Code of 1986,	as amended,
of a similar or like nature to this organization, as determined by the Board of Directors.	
	<u> </u>
	
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	2023
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The date of each amendment(s) adoption: August 2, 2023	, if other than the
August 2, 2023	FL 68
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ate will not be listed as the
document's effective date on the Department of State's records.	are with not be noted as the
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.

August 2, 2023
Dated
Signature Elizabeth Rouley
(By the charman or vice chairman of the board, president or other officer-if directo
have not been selected, by an incorporator – if in the hands of a receiver, trustee, o other court appointed fiduciary by that fiduciary)
Elizabeth M Bailey
(Typed or printed name of person signing)

(Title of person signing)