

N21000014259

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NURSE PRACTITIONER COUNCIL OF THE TREASURE COAST INC

DOCUMENT NUMBER: N21000014259

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

Please return all correspondence concerning this matter to the following:

RHONDA LONGHORN

(Name of Contact Person)

RHONDA J LONGHORN PA

(Firm/ Company)

969 S FEDERAL HWY STE #400

(Address)

STUART, FL 34994

(City/ State and Zip Code)

RHOJO@BELLSOUTH.NET

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

For further information concerning this matter, please call:

RHONDA LONGHORN

772

220-7658

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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

FILED
2024 JUL 10 AM 9:59

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

NURSE PRACTITIONER COUNCIL OF THE TREASURE COAST INC

(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:

N/A
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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. 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: N/A

New Registered Office Address:

N/A

(Florida street 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

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change ___ Add ___ Remove	<u>PRES</u>	<u>KARIN KLAUSE</u>	<u>HOUSE # 524</u>
2) <u>X</u> Change ___ Add ___ Remove	<u>DIR</u>	<u>MICHELLE DUANE</u>	<u>ZIP CODE 34987-2310</u>
3) <u>X</u> Change ___ Add ___ Remove	<u>DIR</u>	<u>BARBARA BEAUSEJOUR</u>	<u>262 SW JANICE AVE</u> <u>PORT ST LUCIE FL 34953</u>
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)

THE MEMBERS HAVE DECIDED TO GO WITH A 501(c)(3) RATHER THAN A 501(c)(4) AS ARTICLES STATE

THE ONLY CHANGES TO THE ARTICLES ARE TO "SECTION 501(c)(4)" IT SHOULD BE "SECTION 501(c)(3)"

PLEASE CHANGE ARTICLE III PURPOSE - 2ND LINE TO 501(c)(3)

2ND PARAGRAPH LINE 7 TO 501(c)(3)

3RD PARAGRAPH LINE 2 TO 501(c)(3)

☒ 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 05/29/2024 _____

Signature Karin Klaus
(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)

KARIN KLAUSE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2024

RHONDA LONGHORN
969 S FEDERAL HWY
STE #400
STUART, FL 34994

SUBJECT: NURSE PRACTITIONER COUNCIL OF THE TREASURE COAST
INC
Ref. Number: N21000014259

We have received your document for NURSE PRACTITIONER COUNCIL OF THE TREASURE COAST INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please choose one document to be filed in our office.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 424A00012731

