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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $_$	Florida Chapter of th	ne Association for C	Conflict F	Resolutio	n. Inc	
	00009349					
DOCUMENT NUMBER:						
The enclosed Articles of Amendm	ient and fee are subi	mitted for filing.				
Please return all correspondence c	oncerning this matte	er to the following:				
Robert Miller						
<u> </u>		(Name of Contact	Person)			
Charitable Allies						
		(Firm/ Compa	ny)	_		
9100 Purdue Road, Suite 115						
		(Address)				
Indianapolis, IN 46268						
		(City/ State and Zi	p Code)			
jeremyshawnp@gmail.com						
E-mail	address: (to be used	I for future annual r	eport no	tification)	
For further information concernin	g this matter, please	call:				
Jeremy Pollack			(310) at		963-4833	
(Nam	e of Contact Person			Code)	(Daytime Telephone Nu	ımber)
Enclosed is a check for the follow	ing amount made pa	ayable to the Florid	a Depart	ment of S	State:	
□ \$35 Filing Fee □\$4 C	3.75 Filing Fee & ertificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy is cond Copy is sed)	
Mailing Addre Amendment Se			Street <u>Ac</u> Amendm	<u>idress</u> ent Secti	on	

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

Florida Chapter of the Association for Conflict R				
Name of Corporation as currently filed with the	ne Florida	Dept. of State)		
N22000009349	•			
(Docu	ment Numl	ber of Corporation (if k	(nown)	
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:			or Profit Corporation adopts the foll	owing
A. If amending name, enter the new name of the	ie corpora	tion;		
	_			e new
ame must be distinguishable and contain the wor Company" or "Co," may not be used in the nam	d "corpora ie.	ition" or "incorporate	d" or the abbreviation "Corp." or "	Inc.
Company of the second	-	2f21 Biscayne Blvd	#1111	
 Enter new principal office address, if applies Principal office address <u>MUST BE A STREET</u>. 				
rincipal office address MOST BE A STREET	TODKESS	Miami, Florida 33137-5013		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>'BOX</u>)	2121 Biscayne Blvd	.,#1111	
		Miami, Florida 3313	7-5013	23
				ي.
			· · · · · · · · · · · · · · · · · · ·	r
. If amending the registered agent and/or regi	stered offi	ce address in Florida.	enter the name of the	
new registered agent and/or the new register	red office 1	nddress:		
Name of New Registered Agent:	Jeremy P	follack		;
	6423 Col	lins Avenue, Apt. 1702	<u> </u>	
		(FI	urida strees address)	
New Registered Office Address:				
	Miami Be	each	. Florida 33141-4643	
		(City)	(Zip Code)	
cw Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	<mark>Registered</mark> 1. I am fai	Agent: miliar with and accept	the obligations of the position.	
_		[[]		
·	Si	gnoture of New Registe	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	$\frac{\underline{PT}}{\underline{V}}$	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) × Change Add	PD	Jeremy Pollack	2121 Biscayne Blvd., #1111 Miami, Florida 33137-5013
Remove 2) Change Add	<u>TD</u>	Glenda Gutierrez	2121 Biscayne Blvd., #1111 Miami, Florida 33137-5013
Remove 3)	D	Joan Fogarty	2121 Biscayne Blvd., #1111 Miami, Florida 33137-5013
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	ts, if nece	onal Articles, enter change(s) here: essary). (Be specific)	
See attached Additional A	Articles to	the Articles of Amendment for additional amendment	ents.

		
•		
-		
	 	
-		
The date of each amendment(s) adoption date this document was signed.	n:, if other th	an the
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
•	(no more than 90 days after amendment file date)	;
<u>Note:</u> If the date inserted in this block doe document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will not be listed as t int of State's records.	he
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	President
	(Typed or printed name of person signing)
لر	by the chatman of vice transman of the folial, president of other furneer-in directors may enot been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary.
.Sgnature	By the chairman or vice chairman of the board, president or other officer-if directors
Dated	6/5/23