

N230000000012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

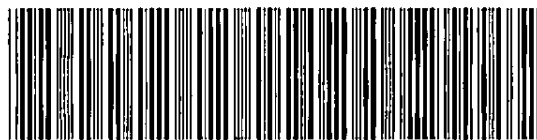
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



300434340233

NIC #  
Amend

08/21/24--01014--013 ++35.00

FILED  
2024 SEP 23 PM 1:11  
CLERK OF STATE  
TALLAHASSEE, FL 32301

A. RAMSEY

OCT 4, 2024

\*00789, 02545, 02976, 00671

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Tribe Rehabilitation, Inc

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Lori Allen

\_\_\_\_\_  
(Name of Contact Person)

Tribe Rehabilitation, Inc

\_\_\_\_\_  
(Firm/ Company)

9881 Invention Lane

\_\_\_\_\_  
(Address)

Jacksonville, FL 32256

\_\_\_\_\_  
(City/ State and Zip Code)

loritribeslp@gmail.com

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

For further information concerning this matter, please call:

Lori Allen

904

465-0178

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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

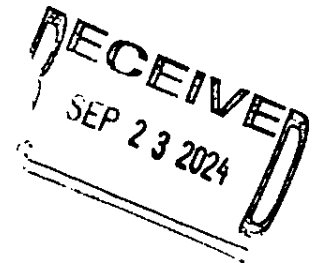


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2024

LORI ALLEN  
TRIBE REHABILITATION, INC.  
9881 INVENTION LANE  
JACKSONVILLE, FL 32256

SUBJECT: TRIBE REHABILITATION, INC.  
Ref. Number: N23000000012



We have received your document for TRIBE REHABILITATION, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L20000217199.

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.

Annette Ramsey  
OPS

Letter Number: 724A00019200

Thank you,

name corrected  
Please see attached application.

Articles of Amendment  
to  
Articles of Incorporation  
of

Tribe Rehabilitation, Inc.

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

(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:

~~Tribe Inc.~~ Tribe Nonprofit, Inc. 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)

2103 Gilmore Street

Jacksonville, Florida 32204

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2103 Gilmore Street

Jacksonville, Florida 32204

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:

New Registered Office Address:

(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

FILED

2024 SEP 23 PM 1:11

FLORIDA DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> Change ___ Add  ___ Remove	<u>P</u>	<u>Alisha Macri</u>	<u>2103 Gilmore Street</u> <u>Jacksonville, Florida 32204</u>
2) <input checked="" type="checkbox"/> Change ___ Add  ___ Remove	<u>T</u>	<u>Lori Allen</u>	<u>2103 Gilmore Street</u> <u>Jacksonville, Florida 32204</u>
3) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>V</u>	<u>Cameran McWilliams</u>	<u>2103 Gilmore Street</u> <u>Jacksonville, Florida 32204</u>
4) <input checked="" type="checkbox"/> Change ___ Add  ___ Remove	<u>S</u>	<u>Danielle Kessenger</u>	<u>2103 Gilmore Street</u> <u>Jacksonville, Florida 32204</u>
5) <input checked="" type="checkbox"/> Change ___ Add  ___ Remove	<u>C</u>	<u>Sarah Minchew</u>	<u>2103 Gilmore Street</u> <u>Jacksonville, Florida 32204</u>
6) <input checked="" type="checkbox"/> Change ___ Add  ___ Remove	<u>C</u>	<u>Danielle Jones</u>	<u>2103 Gilmore Street</u> <u>Jacksonville, Florida 32204</u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

REMOVE VP Katie Lynch 2103 Gilmore Street Jacksonville, Florida 32204

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal black lines running across its width, providing a guide for writing. The margins are uniform on all sides, and there are no vertical lines or other markings present.

- ☐ 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 August 13, 2024

Signature Lori Allen  
(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)

Lori Allen  
(Typed or printed name of person signing)

Founder, Treasurer  
(Title of person signing)