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R. HUNT (05/26/23

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Hillsborou	agh County Sheriff's Off	ice Black Com	nunity Relations (Committee Inc.
N2300000435				
The enclosed Articles of Amendment and fo				
The enclosed Articles of Amenament and is	e are summed for time	g.		
Please return all correspondence concerning	this matter to the follow	ving:		
June McKinnon				
	(Name of Cor	ntact Person)		
	(Firm/ Co	ompany)		•
10119 Windhorst Rd				
	(Addi	ress)		
Tampa, FL, 33619				
	(City/ State ar	nd Zip Code)		
hesobere@gmail.com				
E-mail address: (to be used for future ann	ual report notif	ication)	
For further information concerning this mat-	er, please call:			
Rashida Garcia		470 at	223-9860	
(Name of Conta	ict Person)	(Area C	ode) (Daytime	Felephone Number)
Enclosed is a check for the following amoun	nt made payable to the F	lorida Departmo	ent of State:	
□ \$35 Filing Fee ■\$43.75 Filin Certificate o		opy copy is	852.50 Filing Fee Certificate of State Certified Copy Additional Copy Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Hillsborough County Sheriff's Office Community Relations Committee Inc.

Name of Corporation as currently filed with the Florida	Dept. of State)	•	
N23000004358			
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For Pro</i>	fit Corporation adopts the	following
A. If amending name, enter the new name of the corpora	tion:		
Hillsborough County Sheriff's Black Community Relations C	Committee Inc.		The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ution" or "incorporated" or	the abbreviation "Corp." o	r "Inc."
B. Enter new principal office address, if applicable:	10119 Windhorst Rd.		
(Principal office address <u>MUST BE A STREET ADDRESS</u>) _{Tampa, FL, 33619}		
		793 ()	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10119 Windhorst Rd.	1965 - 1965 1965 - 1965 1965 - 1965	
	Tampa FL. 33619	6)7. 6)5. 19 6)6. 19	177
		5. T. S. T.	
D. If amending the registered agent and/or registered off	ica addrace in Florida, anta	r the name of the	
new registered agent and/or the new registered office :		THE HAIRE OF THE	
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	(Florida s	treet address)	
		, Florida	
	(City)	, Florida (Zip Code)	-
New Registered Agent's Signature, if changing Registered beereby accept the appointment as registered agent. I am fa		bligations of the position.	
	ignature 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	$\frac{\underline{PT}}{\underline{V}}$ $\underline{\underline{SV}}$	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	T/S	Tashiska Fabian	
Remove			
2) Change Add	<u>T/S</u>	Tashika Fabian	
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet		nal Articles, enter change(s) here: ssary). (Be specific)	
Please note the T/S should	l be writte	m as TASIIIKA FABIAN and not as previously w	vritten above. The only change is the
spelling of the first name.	. TASHIK	A FABIAN IS THE CORRECT SPELLING.	

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 will not be listed as the		
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	Note: If the date inserted in this block does not meet the applicable statutory filing	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
ac	dopted by the board of directors.
	Dated <u>5 22 2023</u>
	Signature Juna Mª Runnon
	(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)
	JUNE MEKINNON
	(Typed or printed name of person signing)
	Heaident (Title of person signing)
	(Title of person signing)