Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134 Phone : (239)418-0169 Fax Number : (239)418-0048

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil	Address:	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN 8:18 CHARITIES, INC.

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Help

From: Joshua Dorcey Fax; 12393215034 DocuSign Envelope ID: 96DADD6B-16E7-4AC9-8DE0-564DB697C5CD

Tallahassee, FL 32314

TO: Amendment Section

To: Sunbiz elile account (Non-p Fax: (850) 617-6380

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(((H23000380134 3)))

COVER LETTER

Division of Corporations			
NAME OF CORPORATION: 8;18 Charities, Inc.			
N23000006132 DOCUMENT NUMBER:		,	
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the followin	g:	
Luca Di Nunzio			
	(Name of Contac	et Person)	· · · · · · · · · · · · · · · · · · ·
Dorcey Law Firm			
	(Firm' Com	oany)	
10181 Six Mile Cypress Pkwy, Suite C			
· · · · · · · · · · · · · · · · · · ·	(Address	<i>i</i>)	
Fort Myers, FL 33966			
	(City/ State and I	Zip Code)	
support@dlfregisteredagent.com			
E-mail address: (to be use	ed for future annua	report notification	on)
For further information concerning this matter, pleas	se call:		
Luca Di Nunzio		239	308-1073
(Name of Contact Perso	n)	at(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Flor	ida Department o	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certi py is Certi (Add	i0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Sec Division of Corp	
P.O. Box 6327		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ېروخ Articles of Amendment	(((H23000380134 3)))
to Articles of Incorporation of	May the May a series
	· · · · · · · · · · · · · · · · · · ·

Arti	cies of Amendmen	
Artic	to des of Incorporatio	in /
,	of	The state of the s
8:18 Charities, Inc.		5 Aug 11:57
Name of Corporation as currently filed with the Florid	a Dept. of State)	
N2300006132		
(Document Nur	nber of Corporation	(if known)
ursuant to the provisions of section 617.1006, Florida Stat mendment(s) to its Articles of Incorporation:	utes, this <i>Florida N</i>	at For Profit Corporation adopts the following
. If amending name, enter the new name of the corpor	ation:	
		The new
ame must be distinguishable and contain the word "corpo	ration" or "incorpo	
Company" or "Co," may not be used in the name.		
Enter new principal office address, if applicable:		
Principul office uddress <u>MUST BE A STREET ADDRES</u>	<u>:S</u>)	
	.	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	· · · · · · · · · · · · · · · · · · ·	
. If amending the registered agent and/or registered of	ffice address in Flo	wide enter the name of the
new registered agent and/or the new registered office		The state of the s
Name of New Registered Agent:		
New Registered Office Address:		(Flortda street address)
New Registered Office statess.		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registere	ed Agent:	
hereby accept the appointment as registered agent. I am		ecept the obligations of the position.
		•
	Signature of Now P	egistered Agent, if changing
	DANGER OF THE A	water the regions of the state

From: Joshua Dorcey Fax: 12393215034 To: Sunbiz efile account (Non-p Fax: (850) 617-6380 DocuSign Envelope ID: 96DADD68-16E7-4AC9-8DE0-564D8697C5CD

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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	V Mike	Doe c Jones c Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change Add	VD	Woolridge, Christopher V	1542 Rio De Janeiro Avenue Punta Gorda, FL 33983
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ig additional A ts, if necessary,	articles, enter change(s) here:). (Be specific)	
			·

: Joanua Dorcey	Fax: 12393215034 96DADD6B-16E7-4AC9-8	To Sunbiz elile account (Non-p Fax: (850) 617-6380	Page: 6 of 7	11/01/2023 1:17 PM
asign Envelope ID:	96DADD66-1627-4AC9-6	PDE0-304DB037 C3CD	(((H23000380134 3)))	
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The date of eac date this docume	h amendment(s) adopent was signed.	tion:		, if other than
Effective date <u>i</u>	f applicable:			
_		(no more than 90 days after amendment file de	ite)	
		does not meet the applicable statutory filing requitment of State's records.	rements, this date will no	ot be listed as the
Adaption of An	nendment(s)	(CHECK ONE)		
☐ The amend was/were s	ment(s) was/were adop ufficient for approval.	ted by the members and the number of votes east	for the amendment(s)	

rom: Joshua Dorcey	Fax: 12393215034	To: Sunbiz elile account (Non-p Fax: (850) 617-6380	Page: 7 of 7	11/01/2023 1:17 PM
DocuSign Envelope ID	: 96DADD6B-16E7-4AC9	9-8DE0-564DB697C5CD	(((H23000380)134 3)))

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

ated	10/30/2023			
	OocuSigned by:			
natui				
	(By the 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)			
	Justen E. Coleman			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			