## N2300007835

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23 JUL 14 AM 4: 20

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Inc.		
N23000007835 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Joe Wheeler			
	(Name of Contact F	Person)	
	(Firm/ Compan	)	
	(Fillio Compai	157	
300 North New York Ave STE 278	<u> </u>		
	(Address)		
Winter Park, Florida 32790			
	(City/ State and Zip	Code)	
JOE+6C@inoneblink.com			
E-mail address: (to	be used for future annual re	port notification	
For further information concerning this matter	, please call:		
Joe Wheeler	а	407	627-0105
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section	_	treet Address mendment 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

VI C Charity Inc.					
(Name of Corporation as currently filed with the	ie Florida Dej	ot. of State)			
N23000007835					
(Docum	ment Number	of Corporation	n (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes,	this <i>Florida P</i>	Not For Profit Co	orporation adopts the	following
A. If amending name, enter the new name of th	ie corporation	<u>1;</u>			
N/A					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		n" or "incorp	orated" or the ai	bbreviation "Corp."	
B. Enter new principal office address, if applica	able:	!/A			
(Principal office address <u>MUST BE A STREET A</u>					
		-			
	_	-			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	\$/A			
	_				
					23
	_		<del></del> .		
D. If amending the registered agent and/or reginew registered agent and/or the new registered.			orida, enter the	name of the	<u>_</u>
	N/A	1035-			23 JUL 11 AM 4: 20
Name of New Registered Agent:			<del></del>		<u></u>
					<u> </u>
New Registered Office Address:	:		(Florida street a	ddress)	<u>:</u>
				, Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			accept the obliga	tions of the position.	
-	Sign	ature 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 Do Mike Jos Sally Sn	nes	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change Add		-	<u>N/A</u>	
Remove				
2) Change Add		-		
Remove 3) Change Add Remove		-		
4) Change Add		-		
Remove			-	
5) Change Add		-		
Remove			-	
6) Change Add		-	<u> </u>	
Remove				
E. If amending or addin (attach additional shee			cles, enter change(s) here: (Be specific)	
ADD PROVISION:				
The organization is organ	ized excl	asively fo	or charitable purposes under Section 501c3 of	the Internal Revenue Code.
Upon dissolution of the o	rganizatic	n, assets	shall be distributed for one or more exempt po	irpose under the meaning of
Section 501c3 of the Inter	nal Reve	nu <u>e Code</u>	<u>.                                    </u>	

		<del></del>
		<del></del>
	to a state of the	
		<del></del>
5-11		
The date of each amendment(s) added this document was signed.	Joption: 07/10/2023	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filispartment of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of vo	tes east for the amendment(s)

1	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	07/10/2023
	Dated
	Signature
	(By the charman 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)
	Joe Wheeler
	(Typed or printed name of person signing)
	President
	(Title of person signing)