N23000014937

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: STRONGER HEART ASSOCIATION, INC. N 230000 14937 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JERGL K. FRIEDMAN
(Name of Contact Person) STRONGER HEART ASSOCIATION, INC
(Firm/Company) 322 COCO PLYM CT.
(Address) OLDSMAR, FL. 34677
(City/State and Zip Code) JERRYMAIL & HOTMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TEREL K. FRIEDMAN at 703 447 2262

(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: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(Additional copy is

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

Certified Copy

Enclosed)

(Additional Copy is

Articles of Amendment to Articles of Incorporation of

STRONGER H	EART A	SSOCIATION	, INC
(Name of Corporation as currently filed with the			
N 230000	14937		
(Docume	ent Number of Corpor	ation (if known)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Flori</i>	da Not For Profit Corporation add	opts the following
A. If amending name, enter the new name of the			
STRONGER HE name must be distinguishable and contain the word	EART F	OUNDATION, I	INC The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "inc	corporated" or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET ALL)	ole:	NJA	
(17mcqui office didire (accor to 7.01.022.7			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)	N/A	
D. If amending the registered agent and/or registered agent and/or the new registere	•	n Florida, enter the name of the	
Name of New Registered Agent:		Ν/Δ	
New Registered Office Address:		(Florida street address)	
_			
	(City)	(Zip Co	nde)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with a	nd accept the obligations of the po	sition.
_	Signature of N	lew Registered Agent, if changing	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Not for Profit Corporation pursuant to section 617.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- > If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- > If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- > If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add		N/A	
Remove			
2) Change Add	-		
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	 		
Remove			
6) Change Add		-	
Remove			
E. If amending or addin (attach additional shee	g additio	onal Articles, enter change(s) here: ssary). (Be specific)	
	_	N/A	
			<u> </u>
			· · · · · · · · · · · · · · · · · · ·

	
	
The date of each amendment(s) adoption	on: JANUARY 28, 2024 if other than the
date this document was signed.	
Effective date if applicable:	JANUARY 28, 2024
Theetive date it applicable.	TANUARY 28, 2024 (no more than 90 days after amendment file date)
	nes not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)

Dated JANYARY 28, 2024
Signature Signature
(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)
JEREL K FRIEDMAN
(Typed or printed name of person signing)
$\frac{DIRECTOR / PRESIDENT}{\text{(Title of person signing)}}$

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