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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ion Place Inc.			
DOCUMENT NUMBER:	8			
The enclosed Articles of Amendment and fe				
Please return all correspondence concerning	this matter to the following:			
Dr. Judith F Anderson				
	(Name of Contact Pers	son)		
The Passion Place Inc.				
	(Firm/ Company)	<u> </u>		
2795 N 10th Street				
	(Address)			
Haines City FL 33844				
	(City/ State and Zip Co	ode)		<del></del>
judithanderson0@icloud.com				
E-mail address: (to	be used for future annual repor	t notification		1
For further information concerning this matte		,		:
Dr. Judith F Anderson	8	63	326-2110	'. -
(Name of Contac		rea Code)	(Daytime Telephone Numbe	<u>:</u>
Enclosed is a check for the following amount	made payable to the Florida Dep	partment of S	rate:	
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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

The Passion Place Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N23000015128 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: 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

If amending the Officers and/or Directors, enter the title and	d name of each officer/director be	ing 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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add	D	Joane Mertilien	1080 Condor Dr Haines City FL 33844
X Remove  2) Change X Add	<u>D</u>	Dr. Charles E Anderson	2795 N 1oth Street Haines City FL 33844
Remove 3 ) Change Add Remove			
4) Change Add			
Remove 5) Change Add			· · · · · · · · · · · · · · · · · · ·
Remove 6) Change Add	<del></del>		
E. If amending or addin (attach additional shee	ng additional Arti	icles, enter change(s) here: (Be specific)	
Add Provision:		<del></del>	
The organization is organ	ized exclusively fo	r charitable, religious, and educational purpos	es under Section 501c3 of the Internal
	this organization	, assets shall be distributed for one or mor	e exempt purposes within the
•		rresponding section of any future federal ta	

to the federal government, or to a state	e or local government, for a public purpose.	
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		•
The date of each amendment(s) adoption	01/02/2024 on:	_, if other than the
date this document was signed.		_
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not l	pe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
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	01/02/2024
Signatur	Sudith F. anderson
	(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)
/ /	**
	Dr. Judith F Anderson

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were