## 1124 000 000081

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Black History Com	mittee of Gadsden	County, INC	
DOCUMENT NUMBER:	N24000000081		,	
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.		
Please return all correspond		_		
r rease return an correspond	ence concerning this mar	ter to the following	<u>;</u> ,	
		Dr. Tracey Stal	lworth	
		(Name of Contac	t Person)	
		(Firm/ Comp	pany)	
		P.O. Box	171	
		(Address	)	
		Quincy, FL	32353	
		(City/ State and 2	(ip Code)	
E	-mail address: (to be use	d for future annual	report notification	on)
For further information con-	cerning this matter, please	call:		
Dr. Tracey Stallworth			850 at	524-7874
	(Name of Contact Persor	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Flori	da Department o	f State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	Certi by is Certi (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
	nt Section of Corporations		Street Address Amendment Sec Division of Corp The Centre of	porations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

## Replace of the second s Black History Committee of Gadsden County, INC (Name of Corporation as currently filed with the Florida Dept. of State) N24000000081 (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: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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 (City) (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 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	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Director	Brenda Holt	5251 Greensboro Hwy Quincy. FL 32351
X Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			<del></del>
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			<del>-</del>
E. If amending or addin (attach additional shee.	<u>v</u> additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
			<del></del>

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The date of each amondment(s) adoption	on:	if other than the
date this document was signed.		_, ii other than the
and this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<u>Note:</u> 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 ent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	

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

	2/13/2024
Dated	
Signature	De Jacy Sailwell
Ų.	(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. Tracey Stallworth
	(Typed or printed name of person signing)

(Title of person signing)