

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900434526239

08/12/24--01037--020 ++35.00

SECAFILARY OF STATE ALLABASSEF, BLORIDA

24 AUG 12 AM 1

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Palm Beach F	oundation Inc
N24000004902 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	
Please return all correspondence concerning thi	s matter to the following:
Olympia Devine	
	(Name of Contact Person)
Palm Beach Foundation Inc	
	(Firm/ Company)
205 Worth Ave # 201-D	
	(Address)
Palm Beach FL 33480	
	(City/ State and Zip Code)
olympiadevinc@gmail.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter,	please call:
Olympia Devine	561 420 9143
(Name of Contact I	
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	
Mailing Address	Street Address

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

Palm Beach Foundation Inc

(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N24000004902		
(Document	Number of Corporation	on (if known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incor <sub>l</sub>	porated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>PRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	X)	
		SECRE FALL AN
D. If amending the registered agent and/or register	ed office address in F	lorida, enter the name of the
new registered agent and/or the new registered of		
Name of New Registered Agent:	<del> </del>	<del></del>
_		<u> </u>
New Registered Office Address:		(Florida street address)
_		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.		accept the oblivations of the position
, and , and approximately a agent	The second secon	
	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; CE() = 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>	<u>Name</u>	Address
Change Add	<u>T</u>	Darlene Refici	356 Golfview Rd Unit 303 North Palm Beach FL 33408
Remove  2) Change Add	<u>s</u>	Ryan Rochford	7 Selby Rd Palm Beach Gardens Fl. 33418
Remove Change Add Remove	<del></del>	****	
4) Change Add	<del></del>		
Remove  5) Change Add Remove			
6) Change Add			
Remove  E. If amending or addin (attach additional shee)		cles, enter change(s) here: (Be specific)	

<del></del>		<del></del> .		_		
		· · · · · · · ·		<del></del>		<del></del>
						<del></del>
		<del></del> –			<u> </u>	
	<del>-</del> -					
			·			<del></del>
	<del></del>					<u> </u>
					<u>-</u>	
<del></del> -	<del></del> _	<del> </del>		· · · · · · · · · · · · · · · · · · ·	<del></del>	
		· · · ·				
***************************************	<del></del>					. <u>-</u>
						<del></del>
		<del>-</del>				
		<del></del>	<del></del>			
	<del></del>		<del></del>			·
The date of each amendment date this document was signed					<del></del>	, if other than the
Effective date if applicable:	08/06/2024					
Effective date if applicable:		more than 90 da	ıys after amendn	nent file date)	<u> </u>	
Note: If the date inserted in the document's effective date on the	nis block does n	ot meet the appli	cable statutory f	•	ents, this date wil	not be listed as the
Adoption of Amendment(s)	Œ	CHECK ONE)				
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by oproval.	the members and	d the number of	votes cast for t	he amendment(s)	

Dated	08/06/24
Daleu	
Signatu	
	- Albertal and the form of Albertal Mark Mark Mark Mark 1 and the second of the second
	(By the chairman of 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)
	have not been selected by an incorporator – if in the hands of a receiver, trustee, or
	have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

٠,