N24000009261



(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	٥١
(Dusiness Entry Name	e)
(Document Number)	
Certified Copies Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

West Orange BNI SAME OF CORPORATION:
N24000009261
OCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathy Bollo
(Name of Contact Person)
(Firm/ Company)
Post Office Box 785169
(Address)
Winter Garden Florida 34778
(City/ State and Zip Code)
KathyB@aspiremanagement.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy Bollo 407-614-6144 at
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& Certificate of Status (Additional copy is enclosed) \$\Bigcup \\$52.50 Filing Fee \& Certificate of Status (Certified Copy (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

Articles of Amendment to Articles of Incorporation of

West Orange Divi				
(Name of Corporation as currently filed with the Fl	lorida De	ot. of State)		
N24000009261				
(Document	t Number	of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes,	this <i>Florida Not For Profit Corpo</i>	<i>ration</i> adopts th	e following
A. If amending name, enter the new name of the co	rporatio	<u>ı:</u>		
				The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporatio	n" or "incorporated" or the abbre	viation "Corp."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	1	255 Winter Garden Vineland Road	l, Suite 230 (,	r
	D C CC \	Vinter Garden Florida 34787	:	
	_			:
	_	•	: , ,	'
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(X</u>)	Post Office Box 785169	· ·	
	V	Vinter Garden Florida 34778	<u> </u>	<u> </u>
				·
D. If amending the registered agent and/or register	- red office	address in Florida, enter the nan	ne of the	
new registered agent and/or the new registered of				
Name of New Registered Agent: Ka	Kathy Bollo			
12	1255 Winter Garden Vineland Road, Suite 230, Winter Garden, FL, 3478			
	(Florida street address)			
<u>New Registered Office Address:</u> 12	255 Winter	Garden Vineland Road, Suite 230	34787	
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Regi	istered A	- 27		
I hereby accept the appointment as registered agent.			s of the position	
	/s	Kathy Bollo		
	Sign	ature of New Registered Agent, if c	hanging	

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>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change Add	<u>P</u>	TREVOR, ZWICK	15504 STONEYBROOK W PKW) STE 110
* Remove			WINTER GARDEN, FL 34787
2) Change Add	VP	JOE WALSH	15504 STONEYBROOK W PKWY STE 110
X Remove Change X Add Remove	P	KATHY BOLLO	WINTER GARDEN, FL 34787 1255 Winter Garden Vineland Roac Suit 230 Winter Garden, 34787
4) Change Add	VP	MIKE COONS	255 Winter Garden Vincland Road Suit 230
Remove 5) × Change Add	SECY	Richa Choudhary	Winter Garden, 34787 255 Winter Garden Vineland Road Suit 230
Remove 6) Change Add			Winter Garden, 34787
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	
e		 	

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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment)	nt file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory fili document's effective date on the Department 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 adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	18 oct 2024
Signature	
,	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	RICHA CHOUDHARY
	(Typed or printed name of person signing)