

N29541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

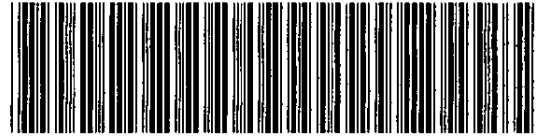
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TALLAHASSEE, FLORIDA

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OCC
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lee County
Sickle Cell Anemia Foundation

DOCUMENT NUMBER: 65-0180303

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Goldsmith-Denson
(Name of Contact Person)

Lee County Sickle Cell Anemia Foundation
(Firm/ Company)

P.O. Box 251
(Address)

Ft. Myers, FL 33902
(City/ State and Zip Code)

For further information concerning this matter, please call:

Pamela Goldsmith-Denson at (239) 332-1258 or 810-7918
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2008

PAMELA GOLDSMITH-DENSON
P.O. BOX 251
FT MYERS, FL 33902

SUBJECT: LEE COUNTY SICKLE CELL ANEMIA FOUNDATION INC.
Ref. Number: N29541

We have received your document for LEE COUNTY SICKLE CELL ANEMIA FOUNDATION INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

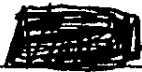
If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 708A00048763

2008 SEP 15 PM 3:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of



Lee County Sickle Cell Anemia
Foundation
Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

(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:

NEW CORPORATE NAME (if changing):

Sickle Cell Disease Association of Lee County, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

08 SEP 15 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 5/2/08

Effective date if applicable: 5/2/08
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Pamela Goldsmith Denson
(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.)

Pamela Goldsmith-Denson
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35