## N44009

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Community Caring	g Center of Palm Beach County, Inc.
N44009 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Sherry Johnson	
	(Name of Contact Person)
Community Caring Center of Palm Beach County, 1	Inc.
	(Firm/ Company)
145 NE 4th Avenue	
	(Address)
Boynton Beach, FL 33435	
	(City/ State and Zip Code)
sherryccc@aol.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please	se call:
Sherry Johnson	561 386-4261
(Name of Contact Person	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	& 🗆 \$43.75 Filing Fee & Sertified Copy (Additional copy is enclosed) S52.50 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

## Articles of Amendment to Articles of Incorporation of

COMMUNITY CARING CENTER OF PALM BEACH COUNTY, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N44009	<del></del>
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
	The neve
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Channel and the Market Control of the Control	[
	<u> </u>
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office a	udress:
Name of New Registered Agent:	
	(Florida street sildress)
New Registered Office Address:	n man weet and ever
	. Plorida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am far	miliar with and accept the obligations of the position.
Si	ignature of New Registered Agent, if changing
31	gnuture of New Registerea 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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Doreen S Robinson	145 NE 4th Ave
Add			Boynton Beach, FL 33435
Remove			
2) Change	VP	Nancy Flinn	145 NE 4th Ave
x Add	<del></del>		Boynton Beach, FL 33435
Remove	S	Joyce C. Portnoy	145 NE 4th Ave
3) X Change			Boynton Beach, FL 33435
Remove			
4) Change	т	Patricia R. Saunders	145 NE 4th Ave
x Add			Boynton Beach, FL 33435
Remove			
5) X Change	Director	Larry Diljohn	145 NE 4th Ave
Add			Boynton Beach, FL 33435
Remove			
6) X Change	Director	Everlene Baker	550 NW 9th Ave
Add			Boynton Beach, FL 33435
Remove			

	ding or adding additional Art dditional sheets, if necessary).	(Be specific)			
x Remove	Josephine Casello				
x Remove	Shoranda McClendon				
x Remove	Maureen Connolly-Shannon				
x Add	Joseph Dawkins	DIRECTOR	 145 A	1E 4#	" Dre
x Add	Steven English —	DIRECTOR DIRECTOR	Beyn	TON X	Alexander of 334.
			 		329.
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				<del></del>	<del></del>

•	August 27, 2019	
he date of each amendn	nent(s) adoption:	, if other than the
ate this document was sig	ned.	
Effective date <u>if applicab</u>	le:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will no on the Department of State's records.	ot be listed as the
doption of Amendment	(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	8/27/2019	
Signature	the chairman or vice chairman of the board? president or other officer-if directors	
	ve the chairman or vice chairman of the board? president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	(Typed or printed name of person signing)	
	(Typed or printed name/of person signing)	
	Predient	
	(Title of person signing)	