## N48593

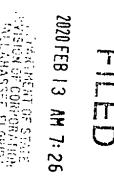
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Friends of MorseLife	, Inc.	
N48593		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Hong Chae		
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Persor	n)
MorseLife Health System, Inc.		
	(Firm/ Company)	
4847 David S. Mack Drive		
	(Address)	
West Palm Beach, FL 33410		
	(City/ State and Zip Cod	e)
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Hong Chae		1-471-5111
(Name of Contact Person)	atat	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
■ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section Division of Comorations	Amendment Section Division of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Friends of Morsellife, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N48593 (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 \_\_\_ (Zip Code) (City) 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)
Article IV is amended in whole to provide: "The sole member of this Corporation shall be MorseLife Health System, Inc."
Article VIII is amended in whole to provide: "The sole member may adopt, amend or repeal the Bylaws of this Corporation."
Article IX is amended in whole to provide: "The sole member may amend these Articles of Incorporation."
Article XI is amended to change "The Jewish Home for the Aged of Palm Beach County, Inc." to "MorseLife Health
System, Inc."

The date of each amendment	•	, if other than the
date this document was signed.  Effective date <u>if applicable</u> :	January 30, 2019	
Enecure date in apparature.	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date no Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendmen proval.	u(s)
adopted by the board of c	/ 1   .	2
Dated Janua	ry 30, 2020	
Signature	The state of the s	
have r	chairman or vice chairman of the beard, president or other officer-if directo not been selected, by an incorporator if in the hands of a receiver, trustee, occurt appointed inuciary by that fiduciary)	
Ke	ith Myers	
	(Typed or printed name of person signing)	-
Pro	esident	
	(Title of person signing)	_