

# N920000000012

\_\_\_\_\_  
(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



000330855640

07/12/19 11:07 AM 448.75

FILED  
2019 JUL 12 PM 2:26  
SALASALCORTONA

FILED

FILED

JUL 2 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** "LOVE THY NEIGHBOR" FUND, INC.

**DOCUMENT NUMBER:** N92000000012

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

Please return all correspondence concerning this matter to the following:

Monica Reed

(Name of Contact Person)

"LOVE THY NEIGHBOR" FUND, INC.

(Firm/ Company)

PO Box 4030

(Address)

Fort Lauderdale, FL 33338

(City/ State and Zip Code)

monireed@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Reed

305

987-9009

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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 &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

"LOVE THY NEIGHBOR" FUND, INC.

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

N92000000012

(Document Number of Corporation (if known))

2010 JUL 12 P 3 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*The new 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)

PO Box 4030

Fort Lauderdale, FL 33338

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: NA

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PD</u>	<u>ARNOLD P ABBOTT</u>	<u>6864 NW 25TH WAY</u>
<input type="checkbox"/> Add			<u>FT LAUDERDALE, FL 33309</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>JAMES LAPORTA</u>	<u>6864 NW 25TH WAY</u>
<input checked="" type="checkbox"/> Add			<u>FT LAUDERDALE, FL 33309</u>
<input type="checkbox"/> Remove			
3 ) <input type="checkbox"/> Change	<u>V</u>	<u>TARA ABBOTT</u>	<u>6864 NW 25TH WAY</u>
<input checked="" type="checkbox"/> Add			<u>FT LAUDERDALE, FL 33309</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S</u>	<u>DR ARTHUR KANEV</u>	<u>405 N OCEAN BLVD. APT 1120</u>
<input checked="" type="checkbox"/> Add			<u>POMPANO BEACH, FL 33062</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>CT</u>	<u>MONICA REED</u>	<u>BOX 4030</u>
<input type="checkbox"/> Add			<u>FORT LAUDERDALE, FL 33338</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>M</u>	<u>REV DWAYNE BLACK JR</u>	<u>1400 N FEDERAL HWY</u>
<input checked="" type="checkbox"/> Add			<u>FORT LAUDERDALE, FL 33304</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

NA

07/09/2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

07/09/2019

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

07/09/2019

Dated \_\_\_\_\_

Signature Monica Reed

(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)

Monica Reed

\_\_\_\_\_  
(Typed or printed name of person signing)

Chairman of the Board

\_\_\_\_\_  
(Title of person signing)