N930000 S077

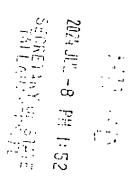
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000432267030

07/09/24--01015--007 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: DAYTONA BEACH	BLACK NURSES ASSO	OCIATION	I, INC	
N93000005077 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
MAXINE MANN				
(Name of Contact Person)		
DAYTONA BEACH BLACK NURSES ASSOCIATE	ON .			
	(Firm/ Company)			
11 WILLOUGHBY TRACE				
	(Address)			
ORMOND BEACH, FL 32174				
(1	City/ State and Zip Code	:}		~2
MMJMANN@GMAIL.COM				- 1867 - W
E-mail address: (to be used	or future annual report r	otification)	
For further information concerning this matter, please of	all:			<u>.</u>
MAXINE MANN	386 at		212-0589	
(Name of Contact Person)		ca Code)	(Daytime Telep	hone Number
Enclosed is a check for the following amount made pay	able to the Florida Depa	rtment of S	State:	, ' 1
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status		Certific Certific	Filing Fee cate of Status ed Copy onal Copy is sed)	
Mailing Address Amendment Section		Address ment Section	\n	
Division of Corporations		n of Corpor		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

DAYTONA BEACH BLACK NURSES ASSOCIATION, INC

Name of Corporation as currently filed with the Flo	orida Dept. of State)
N93000005077	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "co <u>"Company" or "Co." may not be used in the name</u> .	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered (
Name of New Registered Agent:	
<u> </u>	
New Registered Office Address:	(Florida street address)
	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:
t hereby accept the appointment as registered agent. I	l 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	PT John D V Mike John SV SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PT	JOHNSON, AARON	109 Huckleberry Branch Court Daytona Beach, FL 32124
Remove 2) Change Add	<u>v</u> .	JAMES, SHARON	125 Logenberry Court Daytona Beach, FL 32124
Remove 3) Change	PT	JAMES, SHARON	125 Logenberry Court Daytona Beach, FL 32124=
4) Change Add			<u> </u>
Remove 5) Change Add			1:52
Remove 6) Change Add			
Remove	nu additional Arth	icles, enter change(s) here:	
(attach additional shee			

		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>
	<u>, , , , , , , , , , , , , , , , , , , </u>	
 		(i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)
		the contract of the contract o
		0
		52
The date of each amendment date this document was signed	(s) adoption: MAY 15, 2024	, if other than the
Effective date if applicable:	JULY 1, 2024	
The care in application.	(no more than 90 days after amendment file	e date)
	is block does not meet the applicable statutory filing re he Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the number of votes coproval.	ast for the amendment(s)

Dated	MAY 15, 2024
Signature	Maker May
_	(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)
	MAXINE MANN
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)

These are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

2014 JUL -8 PH 1:51