

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FRIENDS OF COMMUNITY SERVICES, INC.

DOCUMENT NUMBER: N93000005358

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

Please return all correspondence concerning this matter to the following:

TARA A. FINNIGAN
(Name of Contact Person)

(Firm/ Company)

1720 FOREST LAKES APT. D
(Address)

WEST PALM BEACH, FL 33406
(City/ State and Zip Code)

LAW@TFINNIGAN.COM; FOYS.PBC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARA A. FINNIGAN at 561 281-3348
(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
2018 SEP 25 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FL

FRIENDS OF COMMUNITY SERVICES, INC.

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

N93000005358

(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:

FRIENDS OF YOUTH SERVICES AND PALM BEACH COUNTY, INC.

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**)*

50 S. MILITARY TRAIL

SUITE 203

WEST PALM BEACH, FL 33415

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

50 S. MILITARY TRAIL

SUITE 203

WEST PALM BEACH, FL 33415

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:

50 S. MILITARY TRAIL, SUITE 203

(Florida street address)

New Registered Office Address:

WEST PALM BEACH

(City)

Florida 33415

(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>D</u>	<u>SMITH, FRANKLIN</u>	<u>C/O FRIENDS OF COMMUNITY</u>
<input type="checkbox"/> Add			<u>810 DATURA STREET, RM 206</u>
<input checked="" type="checkbox"/> Remove			<u>WEST PALM BEACH, FL 33401</u>
2) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>
3) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>
4) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>
5) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>
6) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>

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

ART. III PURPOSES: To enhance, complement and /or provide support for the resources and service capacity
of the Departments of Youth Services, Community Services and other select entities in Palm Beach County to meet the needs
of underserved and/or low-income residents of the county.

OCTOBER 1, 2018

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

OCTOBER 1, 2018

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.

SEPTEMBER 20, 2018

Dated _____

Signature Tara A. Finnigan
 (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)

TARA A. FINNIGAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)