N990000 4504

(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



600400516946

SE SWET LET'S TATE
TALLAHASSEE, FL

01/31/23--01002--010 **35

2023 JAN 31 AM 9: 44



THE CELVED

0 1131/2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florida Independent	•		
N99000004504 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Jenny Bopp			
	(Name of Contact Perso	ກາ)	
Florida Independent Living Council			
	(Firm/ Company)		
1882 Capital Circle NE Suite 202			
	(Address)		
Tallahassee, Florida 32308			
· · · · · ·	(City/ State and Zip Co	de)	
jenny@floridasilc.org			
E-mail address: (to be used	I for future annual repor	notification	1)
For further information concerning this matter, please	call:		
Јеппу Ворр		50	488-5624
(Name of Contact Person		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dej	partment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee leate of Status led Copy lional Copy is used)
Mailing Address Amendment Section		t Address Idment Secti	on
Division of Corporations		ion of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

A Law E

	•	
Florida Independe	ent Living Council	Inc. 2023 JAN 31 1
(Name of Corporation as currently filed with the	Florida Dept. of State)	
11 49 000	000 4504	SEGRI. TALLAHARRI
· · · · · · · · · · · · · · · · · · ·	ent Number of Corporation (if know	wn)
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For I	Profit Corporation adopts the followin
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET A)	DDKE33)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
	-	
D. If amonding the registered agent and/or regis	tarad office address in Florida, or	stor the name of the
D. If amending the registered agent and/or regis new registered agent and/or the new registered	·	iter the name of the
Name of New Registered Agent:		
V D	(Florid	da street address)
<u>New Registered Office Address:</u>		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	egistered Avent	
I hereby accept the appointment as registered agent		e obligations of the position.
		- , ,
-	Signature of New Registere	ed Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, a 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 - Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Council	Rosemary Miles	571 Haverty Court Suite A Rockledge, Florida 32955
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	

	
	.
	
· · · · · · · · · · · · · · · · · · ·	
	······································
	
	
	on:, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
interior date it appreciate.	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Departm	ent of State's records.
* d*	(CUECE ONE)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/ware adopted	I by the members and the number of votes east for the amendment(s)
was/were sufficient for approval.	. by the members and the number of votes east for the amendment(s)

•	the chairman or vive chairman of the board, president or other officer-if directors
•	the chairman of vige chairman of the board, president of other officer-it directors
otl	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or ner court appointed fiduciary by that fiduciary)
	Donald Moran

Council Chair