

N99000004730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

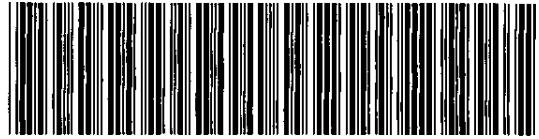
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Amend.

FILED

07 DEC 17 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts DEC 17 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2007

STACY JUSTISS
FLORIDA INSTITUTE FOR FAMILY INVOLVEMENT
49 CHRISTY LANE
SOPCHOPPY, FL 32358

SUBJECT: FLORIDA INSTITUTE FOR FAMILY INVOLVEMENT, INC.
Ref. Number: N99000004830

We have received your document for FLORIDA INSTITUTE FOR FAMILY INVOLVEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience. Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 307 A00066856

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Institute for Family Involvement, Inc. _____

DOCUMENT NUMBER: N99000004830 _____

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

Please return all correspondence concerning this matter to the following:

Stacy Justiss

Florida Institute for Family Involvement

P.O. Box 208

Sopchoppy, FL 32358

For further information concerning this matter, please call:

_____ at (Stacy Justiss _____ 1-877-926-3514 _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
(already submitted filing fee, see attached letter)			

Mailin\?: 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

RECEIVED
2007 DEC 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
07 DEC 17 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Amendment to
Articles of Incorporation of**

**Florida Institute for Family
Involvement, Inc.**

N99000004830

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:

NEW CORPORATE NAME (if change):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Delete President:

Sandra Nasca

299 S. Roscoe Blvd.

Ponte Verda Beach, FL 32082

Add President:

Sheree Keeler

5 Magnolia Ridge

Crawfordville, FL 32327

The date of adoption of the amendment(s) was: **September 8, 2007**

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

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature _____

--(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.)

Stacy Justiss

Executive Director

FILING FEE: \$35