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COVER LETTER

- TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Golden Age Seniors of Sunrise, Inc DOCUMENT NUMBER: P10000098755 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marjorie Gillespie Name of Contact Person Marjorie Gillespie Firm/ Company Golden Age seniors of Sunrise Address 9811 NW 31st Place, FI 33351 City/ State and Zip Code dr.gillespie@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marjorie Gillespie Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee 43.75 Filing Fee & **■\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

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	Articles of In	corporation		
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Golden Age Seniors of Sunrise, Inc				
(Name o	of Corporation as current	tly filed with the Florida D	ept. of State)	
-				' &
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation	radopts the following:	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			7	The new
name must be distinguishable and contain	the word "corporation,"	"company," or "incorporate	d" or the abbreviation	"Corp.,"
"Inc.," or Co.," or the designation "C			name must contain	the word
"chartered," "professional association,"	or the abbreviation "P.A.	*1		
D. C.A	'6 1' 11	9811 NW 31st Place, Se	unrise, Fl 33351	
	3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
,	<u></u> ,,	9811 NW 31st Place, St	inrise, F1 33351	
		<u></u>	- .	
C. Enter new mailing address, if appli	9811 NW 31st Place, St	unrise, Fl 33351		
(Mailing address <u>MAY BE A POST</u>)	(Mailing address MAY BE A POST OFFICE BOX)			
				
D. If a manufacture the second	Alamana tatan 1 65 ti	Amount de Mandale e es		
 If amending the registered agent an new registered agent and/or the new 			name of the	
and the second and the second	Marjorie Gillespie			
Name of New Registered Agent	- Wanjorte Ginespie			
	9811 NW 31st Place			
	(Florida si	treet address)		
New Registered Office Address:	Sunrise,		. Florida 33351	
The magnification of the contraction of the contrac	(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.

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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; CE() = Chief Executive Officer; CF() = 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 PT().

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	PT John D	<u> </u>	
X Remove	V Mike J	ones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PI	Joan Fuller	9811 NW 31 & Pl. Sunnse H
Add			
Remove 2) X Change	<u> </u>	Samantha Ciaham	9811 NW 31st Pl Sunne 0
Add			
Remove 3) Change	<u></u>	Marjorie Gillespie	9811 NW 31# PT, SUNIISE 71 33351
_ X _ Add			——————————————————————————————————————
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach ad	ditional sheet	s, if necessary	rticles, enter). (Be specij	fic)				
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nrovisio:	<u>nament proy</u> ns for implen	nenting the au	change, recla nendment if r	issification, o not contained	in the amen	<u>1 01 ISSUCU SI</u> dment itself:	ares,	
(if ne	ot applicable,	indicate N/A)						
								-
					<u></u>	_	<u>-</u> ///	
				•				
	<u>.</u>							
		•		_				

The date of each amendment(s) ad date this document was signed.	option: <u>January</u>	,2021	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days a	fier amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable sta partment of State's records.	tutory filing requirements, this	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of	directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number ficient for approval.	r of votes cast for the amendme	ent(s)
	oved by the shareholders through vot each voting group entitled to vote sep-		'ement
"The number of votes east f	or the amendment(s) was/were suffic	ient for approval	
by	(voting group)	··	
	(voting group)		
Dated Oct	1, 2021		
Signature	Plycles/w ector, president or other officer - if d		
(By a di	ector, president or other officer - if d	irectors or officers have not be	en
	by an incorporator – if in the hands of diductary by that fiductary)	of a receiver, trustee, or other c	ourt
• •			
-	MANJORIE GILL (Typed or printed name of	ESPIE	
	(Typed or printed name of	person signing)	
	President		
-	(Title of person signing)		