723059

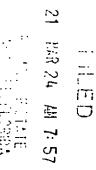
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION | ON: LAKELAND LETT | ER CARRIERS ASSOCI | AION, INC | Z | <u>-</u> |
|------------------------------|---|--|--------------------|--|------------|
| DOCUMENT NUMBER: | 723059 | | | | |
| The enclosed Articles of An | nendment and fee are sub | mitted for filing. | | | |
| Please return all correspond | ence concerning this mate | er to the following: | | | |
| John W. Mitchell | | - | | | |
| | | (Name of Contact Person | 1) | | |
| The Heart of Florida Letter | Carriers, Inc. | | | | |
| | · | (Firm/ Company) | | | |
| 2434 Golfview Street | | | | _ | |
| | | (Address) | | | |
| Lakeland, FL 33801 | | | | | |
| | | (City/ State and Zip Cod | e) | | |
| prezof1779@gmail.com E | -mail address: (to be use | d for future annual report | notification | n) - | |
| For further information cond | cerning this matter, please | e call: | | | |
| John W. Mitchell | | at _86 | 3 | 899-6821 | |
| - | (Name of Contact Person | n) (Ar | ea Code) | (Daytime Telepho | ne Number) |
| Enclosed is a check for the | following amount made p | ayable to the Florida Dep | artment of ! | State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) | |
| Mailing A | Address | | Address | o n | |

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 to Articles of Incorporation of

| (Name of Corporation as currently filed with the Flo | |
|--|--|
| 723059 | |
| (Document | nt Number of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation: | a Statutes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co | orporation: |
| The Heart of Florida Letter Carriers, Inc. | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | corporation" 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> | <u>DRESS</u>) NA |
| | |
| | NA |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u> | <u>DX</u>) <u>NA</u> |
| | NA |
| | NA |
| | |
| D. If amending the registered agent and/or register new registered agent and/or the new registered of the n | |
| | |
| <u>Name of New Registered Agent: No</u> | 7-12 N |
| <u>N</u> | (Florida street address) |
| New Registered Office Address: | A T |
| <u>N</u> | A , Florida NA |
| | (City) (Zip.Code) ₹ |
| New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent. | vistered Agent: I am familiar with and accept the obligations of the position |
| | |
| | Signature of New Registered Agent, if changing |

| and address of each Officettach additional sheets, Please note the officer/din P = President; V = Vice F Executive Officer; CFO = held. President, Treasure. | icer and/or Direct if necessary) rector title by the fi resident: T= Trea. chief Financial C r, Director would b | irst letter of the office title: surer; S= Secretary; D= Director; TR= Trust Officer. If an officer/director holds more than be PTD. anner. Currently John Doe is listed as the PS | tee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office ST and Mike Jones is listed as the V. There is |
|--|--|--|--|
| a change, Mike Jones lea Mike Jones, V as Remove | ves the corporation | n, Sally Smith is named the V and S. These sho | ould he noted as John Doe, F1 as a Change. |
| Example: X Change X Remove X Add | PT John Do V Mike Jo SV Sally Sr | <u>ines</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add | | | |
| 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 add (attach additional she | ing additional Art cets, if necessary). | ticles, enter change(s) here: (Be specific) | |
| NA | | | |

| (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | nts, this date will not be listed as the |
|--|--|
| Effective date if applicable: 01/27/2021 | |
| The date of each amendment(s) adoption: 01/27/2021 date this document was signed. | , if other than the |
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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

| ב | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
|---|---|
| | Dated 11/19/2020 |
| | 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) |
| | John W. Mitchell |
| | (Typed or printed name of person signing) |
| | |
| | President |

(Title of person signing)