

746251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

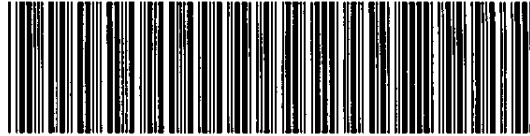
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
JULIA A. ROSS
TALLAHASSEE, FLORIDA

15 MAR -4 AM 11:28

FILED

MAR 06 2015

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2015

MAX ROYLE
NORTHEAST FLORIDA LEAGUE OF CITIE, INC
PO BOX 414
ORANGE PARK, FL 32067

SUBJECT: NORTHEAST FLORIDA LEAGUE OF CITIES, INC.
Ref. Number: 766251

We have received your document for NORTHEAST FLORIDA LEAGUE OF CITIES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

THE FORM YOU SUBMITTED IS FOR A BENEFIT CORPORATION.

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 615A00003616

COVER LETTER

TO: Amendment Section
Division of Corporations

NORTHEAST FLORIDA LEAGUE OF CITIES, INC.

NAME OF CORPORATION: _____

766251

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

MAX ROYLE

(Name of Contact Person)

NORTHEAST FLORIDA LEAGUE OF CITIES, INC.

(Firm/ Company)

P.O. BOX 414

(Address)

ORANGE PARK, FL 32067-0414

(City/ State and Zip Code)

neflcities25@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNE JACKSON

904

868-1613

at (_____) _____

(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
NORTHEAST FLORIDA LEAGUE OF CITIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
766251

(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:

N/A

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)

N/A

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

New Registered Office Address:

N/A

(City)

, Florida

(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

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CLERK OF THE
COURT
STATE
OF FLORIDA

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 <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Tony Brown</u>	<u>P.O. Box 420</u> <u>Keystone Heights, FL</u> <u>32656</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Andrea Samuels</u>	<u>2200 A1A South</u> <u>St. Augustine Beach</u> <u>FL 32080</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Thomas DeVille</u>	<u>P.O. Box 1041</u> <u>Penney Farms, FL</u> <u>32079</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Pamela Lewis</u>	<u>321 Walnut Street</u> <u>Green Cove Springs</u> <u>FL 32043</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Maria Mark</u>	<u>800 Seminole Road</u> <u>Atlantic Beach, FL</u> <u>32233</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

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

Amendment 1

ARTICLES OF INCORPORATION: ARTICLE II OBJECTIVE OF CORPORATION

ADD: ALACHUA, COLUMBIA AND HAMILTON TO MUNICIPALITIES

AMENDMENT 2

ARTICLES OF INCORPORATION: ARTICLE VI OFFICERS - SECTION 1

AFTER PRESIDENT, VICE PRESIDENT, ADD: WHO SHALL SERVE FOR
TWO YEARS

AMENDMENT 3

BY-LAWS: ARTICLE 1 MEETINGS

DELETE NOVEMBER - ADD OCTOBER

AMENDMENT 4

BY-LAWS: ARTICLE V DUTIES AND POWERS OF OFFICERS

FIRST PARAGRAPH DELETE NOVEMBER - ADD: OCTOBER - DELETE: CLOSE
OF THE SUCCEEDING NOVEMBER MEETINGS ADD: END OF THEIR TERM

AMENDMENT 5

BY-LAWS: ARTICLE VIII DUES

DELETE: FIFTY (\$50.00 DOLLARS) ADD: SEVENTY-FIVE (\$75.00) DOLLARS FOR
CITIES UNDER 5,000 POPULATION AND ONE HUNDRED (\$100.00) DOLLARS
FOR CITIES OVER 10,000 POPULATION

10/18/2012

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

Effective date if applicable:

N/A
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

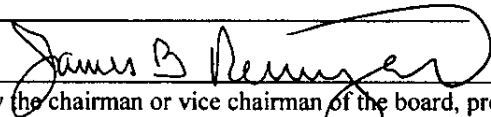
(CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(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.

3/2/2015

Dated

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)

J.B. Renninger

(Typed or printed name of person signing)

President

(Title of person signing)