## 769474

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| Special Instructions to Filing Officer: |
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SECRETARY OF CORIDA

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION:              | FLORIDA GOVER                             | NMENT BAR AS  | SOCIATIO               | ON, INC   | <u>.</u>   |             |
|-----------------------------------|---|---|------------------------|-----------|--|-------------|
| 769 DOCUMENT NUMBER:              | 474                                       |   |                        |           |  |             |
|                                   |   |   |                        |           |  |             |
| The enclosed Articles of Amena    | Iment and fee are sub                     | mitted for filing.  |                        |           |  |             |
| Please return all correspondence  | concerning this matt                      | er to the following   | :                      |           |  |             |
| Brittany Griffith                 |   |   |                        |           |  |             |
|                                   |   | (Name of Contac   | Person)                |           |  |             |
| Florida Government Bar Associ     | ation                                     |   |                        |           |  |             |
|                                   | · · · · · · · · · · · · · · · · · · ·     | (Firm/ Comp   | any)                   |           | <u></u>  |             |
| P.O. Box 10474                    |   |   |                        |           |  |             |
|                                   |   | (Address)   | )                      |           |  | <u> </u>    |
| Tallahassee, FL 32302             |   |   |                        |           |  |             |
|                                   | -   | (City/ State and Z  | ip Code)               |           |  |             |
| president@flagovbar.o:g           |   |   |                        |           |  |             |
| E-ma                              | il address: (to be used                   | for future annual   | report noti            | fication. | )  |             |
| For further information concerni  | ng this matter, please                    | call:   |                        |           |  |             |
| Brittany Griffith                 |   |   | 850<br>at              |           | 296-2793   |             |
| (Na                               | me of Contact Person                      | )   | (Area (                | Code)     | (Daytime Teleph                                      | one Number) |
| Enclosed is a check for the follo | wing amount made pa                       | ayable to the Florid  | ia Departn             | ient of S | State:   |             |
| ■ \$35 Filing Fee □S              | S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing F<br>Certified Copy<br>(Additional cop<br>enclosed) |                        | Certific  | Filing Fee cate of Status ed Copy conal Copy is sed) |             |
| Mailing Addr<br>Amendment S       |   |   | Street Ado<br>Amendmei |           | on   |             |

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

|  | Articles of Amendment                           | own)                                      |
|--|---|---|
|  | 10 Articles of Incorporation                    | 48 to 12                                  |
| FLORIDA GOVERNMENT BAR ASSOCIATION   | of<br>, INC.                                    |   |
| (Name of Corporation as currently filed with the   | Florida Dept. of State)                         |   |
| 769474   |   |   |
| (Docume  | nt Number of Corporation (if kn                 | own)                                      |
| Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation: | da Statutes, this Florida Not For               | r Profit Corporation adopts the following |
| 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.  | 'corporation" or "incorporated                  | " or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicab   | FLORIDA GOVERN                                  | MENT BAR ASSOCIATION, INC.                |
| (Principal office address MUST BE A STREET AD  |   | STREET                                    |
|  | TALLAHASSEE, FL                                 | 32308                                     |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B                 | <u>ox</u> ,                                     |   |
| D. If amending the registered agent and/or regist new registered agent and/or the new registered     |   | enter the name of the                     |
| Name of New Registered Agent:  | 2894 REMINGTON GREEN LA                         | ANE                                       |
| -  |   | orida sireet address)                     |
| New Registered Office Address:   | ·   | ·   |
| •  | TALLAHASSEE                                     | , Florida 3230\$                          |
| ·  | (City)  | (Zip Code)                                |
| New Registered Agent's Signature, if changing Rel hereby accept the appointment as registered agent. | egistered Agent:  I am familiar with and accept | the obligations of the position.          |
| _  | hristiant                                       | hipps                                     |

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 = Trustce; 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: X Change X Remove X Add | PT         John Do           V         Mike Jo           SV         Sally St | nes   |   |
|----------------------------------|--|---|---|
| Type of Action (Check One)       | Title  | Name  | Address                                 |
| 1) X Change Add                  | <u>p</u>   | KELLY SMITH                                 | P.O. BOX 10474 TALLAHASSEE, FL 32302    |
| Remove                           |  |   |   |
| 2) x Change Add                  | <u>v</u>   | MEGAN SILVER                                | P.O. BOX 10474<br>TALLAHASSEE, FL 32302 |
| Remove 3 )                       | <u>T</u>   | BRITTANY GRIFFITH                           | P.O. BOX 10474<br>TALLAHASSEE, FL 32302 |
| 4) Change Add                    | <u>D</u>   | David W. Grimes, Esq.                       | P.O. BOX 10474<br>TALLAHASSEE, FL 32302 |
| × Remove                         |  |   |   |
| 5) Change<br>Add                 | <u>T</u>   | Johnny Elhachem, Esq.                       | P.O. BOX 10474<br>TALLAHASSEE, FL 32302 |
| * Remove                         |  |   |   |
| 6) <u>×</u> Change<br>Add        | D  | CEDELL IAN GARLAND                          | P.O. BOX 10474<br>TALLAHASSEE, FL 32302 |
| Remove                           |  |   |   |
| <del></del>                      |  | des, enter change(s) here:<br>(Be specific) |   |
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|   |                               |                           |                                       |                    |
| he date of each amendment(s) ad ate this document was signed. | option: June 23, 2021         |                           |                                       | , if other than th |
| fl  | 28, 2021                      |                           |                                       |                    |
| areonet onto a appareasie.                                    | (no more than 90 days         | after amendment file do   | ite)                                  |                    |
| ote: If the date inserted in this blo                         | ck does not meet the applicab | le statutory filing requi | rements, this date will no            | t be listed as the |

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

document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

| ) | 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 11/17/2021   |
|   | Signature Buttay B. S.M.   |
|   | (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) |
|   | Brittany B. Griffith  (Typed or printed name of person signing)  |
|   | (Typed or printed name of person signing)  |
|   | Treasurer  |
|   | (Title of person signing)  |

. . .

Additional Page for
Articles of Amendment
to
Articles of Incorporation
of
FLORIDA GOVERNMENT BAR ASSOCIATION, INC.

## D. Additional Amendment to Officers and/or Directors:

X Add D SHIRLEY SHARON P.O. BOX 10474

Tallahassee, FL 32302