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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ORIDA ACTION PAC, INC.		
DOCUMENT NUMBER:	ي در		·
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
DAVID COSTA			
	(Name of Contact Person)		
	(Firm/ Company)	31231123	
PO BOX 13184			
	(Address)		
ST PETERSBURG, FL 33733			
	(City/ State and Zip Code)		
DAVID@EQUALITYFLORIDA.ORG			.— (-
E-mail address: (to be	used for future annual report no	tification)	— (j
For further information concerning this matter, pl	ease call:		<u>-</u> .
STRATTON POLLITZER	954 at		
(Name of Contact Pe		a Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made	de payable to the Florida Depart	iment of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		□S52.50 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 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 Flor	ida Dept. of State)	
(Document N	lumber of Corporation (if k	nown)
tursuant to the provisions of section 617.1006, Florida Simendment(s) to its Articles of Incorporation:	tatutes, this Florida Not Fo	or Profit Corporation adopts the following
a. If amending name, enter the new name of the corp	oration:	
		The new
ame must he distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	poration" or "incorporated	
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered	l office address in Florida.	enter the name of the
new registered agent and/or the new registered off		
AL CAL D La		
Name of New Registered Agent:		
<u>Name of New Registered Agent:</u>		
	(FI	orida street address)
Name of New Registered Agent: New Registered Office Address:	(FI	orida street address)
	(FI	orida street address), Florida (Zip Code)

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: XChange X Remove X Add	PT John De V Mike Je SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	TD	JOSEPH SAUNDERS	PO BOX 13184 ST PETERSBURG, FL 33733
x Remove			
2) Change Add	TD	JON HARRIS MAURER	PO BOX 13184 ST PETERSBURG, FL 33733
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
F., If amending or addin (attach additional shee	ig additional Artits, if necessary).	cles, enter change(s) here: (Be specific)	
-			

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The date of each amendment(s) adoption: date this document was signed.			-		if other than	the
Effective date if applicable:	ore than 90 days afte					
(no m	iore inan 90 aays afte	er amenament file d	aie)			

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

	07/11/2023
Dated	
Signature	Straten Politica Strather Roll
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	STRATTON POLLITZER
	STRATTON POLLITZER (Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were