N09000010509

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 17 PM 1:55

Amend
1a 1/17/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Artisans of Mount Dora, Inc.

DOCUMENT NUMBER: N09000010509

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

Please return all correspondence concerning this matter to the following:

Scott Trundle
(Name of Contact Person)

(Firm/ Company)

2380 Park Forest Blvd.
(Address)

Mount Dora, FL 32757
(City/ State and Zip Code)

Scott@thetrundles.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Trundle at (352) 989-7430
(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

ARTISANS OF MOUNT DORA, INC.

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

N09000010509

(Document Number of Corporation (if known))

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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:

_______________ *The new 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)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

c/o Lynn Herrick, Secretary
200 DeVault Dr., Umatilla,
FL 32746

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: _______________

____
(Florida street address)

New Registered Office Address:

_______________, Florida _______________
(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.

____
Signature of New Registered Agent, if changing

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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X Remove	C	Joyce Eaton Brady	2210 Chase Court, Mount Dora, FL 32757
2) ___ Change X Add ___ Remove	C	Liz Wincup	8044 St. James Way, Mount Dora, FL 32757
3) X Change ___ Add ___ Remove	S	Lynn Herrick	200 DeVault Dr. #16, Umatilla, FL 32746
4) ___ Change X Add ___ Remove	VC	Mary Jenkins	325 Oak Leaf Circle Lake Mary, FL 32746
5) ___ Change X Add ___ Remove	T	Georgia Geiger	4734 Glen Coe St., Leesburg, FL 34748
6) ___ Change ___ Add ___ Remove	T	Glenda Sumner	5020 Greenbriar Trail, Mount Dora, FL 32757

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

Add as follows:

Article IX

Upon the dissolution of the corporation, its remaining assets shall, after paying or making provisions for the payment of all its liabilities, be disposed of to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes which, at the time of such disposition, qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (as amended) as the Board of Directors shall determine. No Director or Officer of the corporation, or any other private individual, shall be entitled to share in the distribution of any of the corporate assets upon said dissolution.

The date of each amendment(s) adoption: December 30, 2011

Effective date if applicable: ______________________

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- [x] 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.

Dated January 13, 2012

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)

Liz Wincup

(Typed or printed name of person signing)

Chair

(Title of person signing)