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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	HERNANDO COUNT	TY FINE ARTS C	OUNCIL INC	
DOCUMENT NUMBER:	N220000			
The enclosed Articles of Amendment	and fee are submitted for filin	ıg.		
Please return all correspondence conc	erning this matter to the follow	wing:		
	CHERYL A	HILL		
	(Name of Co	ntact Person)	· · · · · · · · · · · · · · · · · · ·	
į	HERNANDO COUNTY FINE	ARTS COUNCIL	. INC	
	(Firm/ Co	ompany)		·-
	РО ВО	X 1265		
	(Add	ress)		
	BROOKSVILLE F	L 34605-1265		
	(City/ State a	nd Zip Code)		
	CHERYL.H@HERNAN	DOARTS.ORG		
E-mail add	fress: (to be used for future and	nual report notifica	ition)	
For further information concerning th	is matter, please call:			
CHERYL A HILL		352 at	584-0429	
(Name of	f Contact Person)	(Area Cod	e) (Daytime Telephor	ie Number)
Enclosed is a check for the following	amount made payable to the F	lorida Departmen	of State:	
	5 Filing Fee & S43.75 Filing feate of Status Certified C (Additional enclosed)	opy Co I copy is Co (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)	
Mailing Address		Street Addre	55	

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

HERNANDO COUNTY FINE ARTS COUNCIL INC

	N22000007425		
(Docum	ent Number of Corporation (if	known)	· · ·
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the	ne 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		ted" or the obbreviation "Corp."	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)		/	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	BOX)		
	/		_
D. If amending the registered agent and or regis		la, enter the name of the	~~
new registered agent and/or the pew registere Name of New Registered Agent:		ERYL A HILL	ال 1025 يا محدد
stante of New Negatierea Agent.	1	P. O. BOX 1265	· ₹
New Registered Office Address:	((Florida street address)	1 P
	BROOKSVILLE	34605 , Florida	<u>် ယူ</u>
	(City)	(Zip Code) 3	59
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		pt the obligations of the position	
_	Signature of New Regi	istered 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 X. Remove X. Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>C</u>	MARY E PUTNAM	411 LAW ST BROOKSVILLE FL 34601
 X Remove 2) Change Add 	<u>T</u>	MIKE DOLAN	5373 CAPPLEMAN LOOP BROOKSVILLE FL 34601
X Remove 3) Change Add X Remove	<u>V</u>	DIANE ZIEMSKI	3224 HIBISCUS DR HERNANDO BEACH FL 34607
4) Change Add	<u>C</u>	PEDRAM MOGHADDAM	P. O. BOX 1265 BROOKSVILLE FL 34605
Remove 5) Change	<u>vc</u>	DIANE GREENWELL	P. O. BOX 1265 BROOKSVILLE FL 34605
Remove 6) <u>X</u> Change Add	<u>T</u>	CHERYL ANN HILL	
Remove E. If amending or addin (attach additional shee) ADD: S= SECRETARY	ts, if necessary).	. ,	
ADDRESS: P O BOX 12	65 BROOKSVILI	LE FL 34605	

	
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The date of each amendment(s) adoption: 5/28/2025 date this document was signed.	_, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east 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 $\frac{5/28/2025}{}$
	Signature Churchfell
	(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)
	CHERYL A HILL
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)