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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

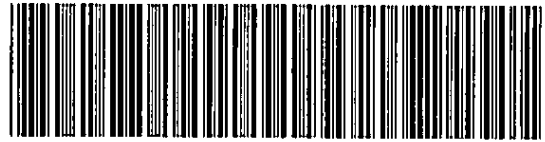
(Business Entity Name)

(Document Number)

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S TALLENT

JUL 12 2019

*Shaw & McC*

2019 JUL 11 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2019

MONTANA STEELL  
EXUMA NATIRALIST PROJECT  
543 ORTON AVE, #7  
FT LAUDERDALE, FL 33304

SUBJECT: EXUMA NATIRLAIST PROJECT INC  
Ref. Number: P19000035896

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 319A00011357

2019 JUL 11 AM 10:10

RECEIVED

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EXUMA Natiralist Project Inc.

DOCUMENT NUMBER: P19000038596

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

Please return all correspondence concerning this matter to the following:

Montana Steell  
Name of Contact Person

EXUMA NATIRALIST PROJECT INC.  
Firm/ Company

543 Orton Ave, #7  
Address

Ft. Lauderdale, FL, 33304  
City/ State and Zip Code

Steell.Montana@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Montana Steell at (754), 245-1505  
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)
- Has already been paid. Please see letter (#319A00011357) dated June 6, 2019.
- |                          |                              |
|--------------------------|------------------------------|
| <u>Mailing Address</u>   | <u>Street Address</u>        |
| Amendment Section        | Amendment Section            |
| Division of Corporations | Division of Corporations     |
| P.O. Box 6327            | Clifton Building             |
| Tallahassee, FL 32314    | 2661 Executive Center Circle |
|                          | Tallahassee, FL 32301        |

Articles of Amendment  
to  
Articles of Incorporation  
of

EXUMA Nativist Project Inc.

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

P1900035896

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

EXUMA NATURALIST PROJECT INC. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

543 ORTON AVE, #7  
Ft. Lauderdale, FL 33304

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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STATE SECRETARY

FILED

**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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



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

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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)

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  
  
 "The number of votes cast for the amendment(s) was/were sufficient for approval  
 by \_\_\_\_\_"  
 (voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated July 8, 2019

Signature Montana Steell  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MONTANA STEELL  
(Typed or printed name of person signing)

Director & President  
(Title of person signing)