<u> 100525</u>

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone	÷ #)
PICK-UP	MAIT WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
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R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tampa Bay Mineral & Science Club of Tampa Florida Inc.
DOCUMENT NUMBER: 700 5 2 5
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HEIDI BEHRENDT
(Name of Contact Person)
TBMSC
(Firm/ Company)
PO BOX 89146 (Address)
(Address)
TAMPA, FL 33689 (City/ State and Zip Code)
(City/ State and Zip Code)
HEIDI @ the Demeter Group . Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heidi Behrendt at 8/3 \$ 226.0687 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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

Mailing Address

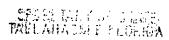
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

16 JUN -6 AM 10: 32

Articles of Amendment to Articles of Incorporation of



Tampa Bay Mineral & Science Club of Tampa Florida Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
700 525
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the followin 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)
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), Florida (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 X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> le Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>_P</u>	KYM HOERR	PO BOX 89146 TAMPA, FL 33689
2) X Change Add	<u>_</u> p	JERRI HEER	PO BOX 89146 TAMPA, FL 33689
Remove 3) Change Add	<u>VP</u>	NORMA JACKSON	PO BOX 89146 TAMPA, FL 33689
Remove 4) Change Add Remove			
5) Change Add Remove	· ·		
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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	date of each amendment(s) adoption this document was signed.	: 06.06.2016, if other than th
Effe	ctive date if applicable:	no more than 90 days after amendment file date)
		• •
Note docu	e: If the date inserted in this block doe iment's effective date on the Departme	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Ado	ption of Amendment(s)	(CHECK ONE)
	The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
Ø	There are no members or members en adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were
	Dated	.06.2016
	Signature	
	have not been sele	vice chairman of the board, president or other officer-if directors ted, by an incorporator—if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
		HEIDI BEHRENDT
		(Typed or printed name of person signing)
		TREASURER
		(Title of person signing)