## 703810

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	ON SOCIETY, INC.	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matte		
EMOY SUAREZ		
	(Name of Contact Person	n)
Andubon Plorida		•
	(Firm/ Company)	
4500 Biscayne Blud	Ste :	350
•	(::dd:00)	
Miani, FR 33133	7	
	(City/ State and Zip Code	;)
e Suare 2 @ auduba	on.org	
E-mail address: (to be used	tor tuture annual report i	iotification)
For further information concerning this matter, please	call;	
Emoy Suarez (Name of Contact Person)	at 3	05-371-6399 x2
(Name of Contact Person)	(Ar	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\Bigcup \$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	Street A	<u>Address</u>
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
Division of Corporations	DIVISIO	not corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

FLORIDA AUDUBON SOCIETY, INC.

2017 NOV 16 PH 3:41

(Name of Cornoratio	n as currently filed with the F	Jorida Dent of State)	<del></del>
703810	was carrestly take with the I		
(Docu	ment Number of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Flormendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not	For Profit Corporation adopts	the following
A. If amending name, enter the new name of th	e corporation:		
			The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan		ited" or the abbreviation "Corp	o." or "Inc."
B. Enter new principal office address, if applic			
Principal office address <u>MUST BE A STREET A</u>	ADDRESS )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
	<del></del>		
. If amending the registered agent and/or reginew registered agent and/or the new registered		la, enter the name of the	
	JULIE WRAITHMELL		
Name of New Registered Agent:			
	4500 BISCAYNE BLVD SUI	(Florida street address)	
New Registered Office Address		(r iorida sireei acutress)	
	MIAMI	. Florida	7
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and acce	ept the obligations of the positio	n.
_	Suraifle	inell	
	Signature of New Reg	sistered 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>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	ERIC DRAPER	4500 BISCAYNE BLVD
Add			SUITE 350
X Remove			MIAMI, FL 33137
2) Change	D	JULIE WRAITHMELL	4500 BISCAYNE BLVD
X Add			SUITE 350
Remove			MIAMI, FL 33137
3)Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
<del></del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: November 9, 2017	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 November 9, 2017	
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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	