708538

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2024 OCT -2 PH 1: 39 SECRETARY OF STATE STALLAHASSEE, FL



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ART COUNCIL	L OF SOUTHWEST FLORI	DA, INC.	
708538 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Timothy J. Cotter			
	(Name of Contact Perso	on)	· · · · · · · · · · · · · · · · · · ·
Timothy J. Cotter, P.A.			
	(Firm/ Company)		
599 9th Street North #313			s ×
	(Address)		
Naples, Florida 34102			ECRETARY OF STALLAHASSEE, F
	(City/ State and Zip Co	de)	ASS
Tim@TimothyJCotter.com			OF SEE,
	used for future annual repor	t notification)	TATI
For further information concerning this matter, p	lease call:		(L1)
Timothy J. Cotter	2 at	39-435-0111	
(Name of Contact Pe		rea Code) (Daytime Telepho	one Number)
Enclosed is a check for the following amount ma	de payable to the Florida De	partment of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	——————————————————————————————————————	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	t Address Idment Section Ion of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Al	RТ	CO	HN	CII	OF	SOI	TI	\mathbf{IW}	FST	FΤ	ORIDA.	INC

Name of Corporation as currently filed with the Flo	orida Dept. of State)	<u> </u>	· · ·	-
708538				
(Document	Number of Corporation (if)	(nown)		-
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the	ne followin	g
A. If amending name, enter the new name of the con	rporation:			
			The new	
name must he distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporate	d" or the abbreviation "Corp."	" or "Inc."	•
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)				_
Principal Office address SIOSI BE A STREET ADDI	<u></u>			_
C. Enter new mailing address, if applicable:			_ 38	2024
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u> 28</u>	8
			ZZ	ا
			[−] ₹RY	2
	-	. .	SET CO	- 3
 If amending the registered agent and/or registered new registered agent and/or the new registered or 		, enter the name of the	ST/	ני יו
	mee address.		- TE	ŭ
Name of New Registered Agent:				-
		lorula street address)		-
New Registered Office Address:	,,	no and server and end		
		, Florida		
	(City)	, Florida (Zip Code)		-
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		t the obligations of the position		
-	Signature of New Regis	tered Agent, if changing		-

TILTU

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	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	TRES	Deborah Godfry	Naples, FL 34114
2) Change Add	TRES	Arlene Stigum	1220 Sand Castle Rd LARE Sanibel, FL 33957 HAS
Remove 3) Remove Add Remove			2 PH 1: 39 RY OF STAT
4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd			
E. If amending or adding (attach additional sheet)		cles, enter change(s) here: (Be specific)	

was/were sufficient for approval.

Ø	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	adopted by the board of directors.
	Dated 9-23-2024
	Signature Compe Crowson
	(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)
	Johnne Crowson
	(Typed or printed name of person signing)
	First Vice President

(Title of person signing)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL

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