## 708857

| (Red                      | questor's Name)   |           |
|---------------------------|-------------------|-----------|
| (Add                      | dress)            |           |
| (Add                      | dress)            |           |
| (City                     | //State/Zip/Phone | #)        |
| PICK-UP                   | WAIT              | MAIL      |
| (Bus                      | siness Entity Nam | le)       |
| (Doc                      | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
| Special Instructions to F | _                 |           |
| Peceived                  | 11/161            | ø         |
|                           |                   |           |
|                           |                   |           |
| <u> </u>                  |                   |           |

Office Use Only



900267126629

12/09/14--01013--020 \*\*35.00

14 DEC 16 PM 2:25

TALL AHASSEE FLORIDA

DEC 16 2014 T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Fort Myers - Lee County Garden Council, Inc  |  |  |  |  |
|---|--|--|--|--|
| NAME OF CORPORATION: 121 1 11 12 15   |  |  |  |  |
| DOCUMENT NUMBER: CH 31413 DTN 2624198   |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |
| Mae Jean Nothstine, Treasurer (Name of Contact Person)  |  |  |  |  |
|   |  |  |  |  |
| Fort Myers. Lee County Garden Council, Inc. (Firm/Company)  |  |  |  |  |
| (Firm/ Company)   |  |  |  |  |
| 9329 Garden Pointe Court  |  |  |  |  |
| (Address)   |  |  |  |  |
| Fort Myers, Florida 33908-6686  |  |  |  |  |
| (City/ State and Zip Code)  |  |  |  |  |
| maejeanoth@aol.com  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Mae Jean Nothstine at (239) 590-0217 (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:   |  |  |  |  |
| \$\sum_{\text{\$15}}\$ \text{Filing Fee & \$\sum_{\text{\$43.75}}\$ \text{Filing Fee & \$\sum_{\text{\$43.75}}\$ \text{Filing Fee & \$\sum_{\text{\$52.50}}\$ \text{Filing Fee & \$\sum_{\text{\$Certified Copy}}\$ \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy (Additional Copy is Enclosed)} |  |  |  |  |
| Mailing Address Street Address  |  |  |  |  |
| Amendment Section Amendment Section   |  |  |  |  |
| Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building   |  |  |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle  |  |  |  |  |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



| tack Muses I as Da   | ١                | of                                    | .) T                | _14 DEC 15 F        | PM 2: 25  |
|--|------------------|---------------------------------------|---------------------|---------------------|-----------|
| (Name of Corporation as currently file   | ANTY (70         | rden Co                               | uncil, 1            | <i>−WG′</i>         |           |
| 708857   | A WILL THE TOO   | · · · · · · · · · · · · · · · · · · · | <u></u> )           |                     |           |
| (Document  | t Number of Cor  | poration (if knov                     | vn)                 | <del></del>         |           |
| ursuant to the provisions of section 617.1006, mendment(s) to its Articles of Incorporation: | Florida Statutes | s, this <i>Florida No</i>             | t For Profit Corpo  | oration adopts the  | following |
| . If amending name, enter the new name o   | f the corporatio | <u>on;</u>                            |                     |                     |           |
|  |                  |                                       |                     |                     | The new   |
| ame must be distinguishable and contain the v<br>Company" or "Co." may not be used in the r  |                  | on" or "incorpo                       | rated" or the abbr  | reviation "Corp." o | r "Inc."  |
| . Enter new principal office address, if app   |                  |                                       |                     |                     |           |
| Principal office address <u>MUST BE A STREE</u>  | ET ADDRESS )     |                                       |                     |                     |           |
|  |                  |                                       |                     |                     |           |
|  |                  |                                       |                     |                     |           |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI              |                  |                                       |                     |                     |           |
| (Managana ess <u>mari barri con ori</u>  | 00011            |                                       |                     |                     |           |
|  |                  |                                       |                     |                     |           |
|  |                  |                                       |                     | · · ·               |           |
| . If amending the registered agent and/or new registered agent and/or the new reg            |                  |                                       | rida, enter the na  | me of the           |           |
| Name of New Registered Agent:  |                  |                                       |                     | _                   |           |
|  |                  |                                       |                     |                     |           |
| New Registered Office Address:   | (                | Florida street addres                 | rs)                 | -                   |           |
|  |                  |                                       | , Florida           | a                   |           |
|  | (City)           |                                       |                     | (Zip Code)          | )         |
| ew Registered Agent's Signature, if changi<br>hereby accept the appointment as registered    |                  |                                       | cept the obligation | ns of the position. |           |
| <u> </u>   |                  |                                       |                     | _                   |           |
| Sig  | gnature of New I | Registered Agent,                     | if changing         |                     |           |

Page 1 of 4

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 D<br>V Mike Jo<br>SV Sally S | <u>ones</u>       |  |
|----------------------------------|--------------------------------------|-------------------|--|
| Type of Action<br>(Check One)    | <u>Title</u>                         | Name              | Address                                    |
| Change Add Remove                | Asst.<br>Treasurer                   | Kathryn Pallerson | 715 Zeppelin PL<br>Ft Myers FL 33913       |
| 2) Change Add                    | <u>Asst,</u><br>Treasurer            | Peg Andrews       | 16137 Edge.month<br>Ft. Myers, FL 33908    |
| Remove 3)ChangeAdd               | lust vp                              | Brenda Norris     |  |
| Remove 4) Change Add             | l <u>st v</u> P                      | Paula Novander    | 1709 SE HythSt<br>Capa Conal, FL33904      |
| Remove  5) Change Add            | Director                             | Ena Me Grattan    | 15841 Grey Friars Ct<br>Ft Myers, FL 33917 |
| Remove  6) Change  Add           | Director                             | Bernadette Hamen  | 2 8740 Lueck Lane<br>Unit G-1              |
| Remove                           |                                      | Page 2 of 4       | Ft Myers, FL 33919                         |

## 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:

1 239 437 1488

(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 D. V Mike J. SV Sally S.        | ones               |   |
|----------------------------------|---|--------------------|---|
| Type of Action<br>(Check One)    | <u>Title</u>                            | <u>Name</u>        | <u>Addres</u> s                         |
| 1) Change                        | Director/<br>Advisor                    | Mildred Marchesano |   |
| Remove                           |   |                    |   |
| 2) Change                        | Director/<br>Advisor                    | Debbie Hughes      | 1615 Woodford Ave<br>Ft Myers, FL 33901 |
| Remove                           |   |                    | · · · · · · · · · · · · · · · · · · ·   |
| 3) Change                        |   |                    |   |
| Remove                           | ·                                       |                    |   |
| 4) Change                        | *************************************** |                    |   |
| AddRemove                        |   |                    |   |
| 5) Change                        | <del></del>                             |                    |   |
| Add                              |   |                    |   |
| 6) Change                        |   |                    |   |
| Add Remove                       |   |                    |   |

| tach additional sheets,                 | if necessary).                        | (Be specific) | s) here:    |             |                |          |
|---|---------------------------------------|---------------|-------------|-------------|----------------|----------|
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             | •              |          |
|   | <del></del>                           | • •           |             |             |                |          |
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             |                | -        |
|   |                                       |               |             |             | <del>-</del> - |          |
|   | •                                     |               |             |             |                |          |
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             |                |          |
|   | •                                     |               |             |             |                |          |
|   | · · · · · · · · · · · · · · · · · · · |               |             | <u> </u>    | <del></del>    |          |
|   |                                       |               | <del></del> | <u> </u>    | <del></del>    |          |
|   |                                       |               |             | <del></del> |                |          |
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             |                |          |
| ····                                    |                                       | <del> </del>  |             |             |                | <u>-</u> |
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             |                |          |
|   |                                       |               |             |             | ·              |          |
|   |                                       |               |             |             |                |          |
|   | -                                     |               | · · · · · · |             |                |          |
| *************************************** |                                       |               |             |             |                |          |
|   |                                       |               |             |             |                |          |

| The date of each amendment(s) adoption:  | , if other than the |
|--|---------------------|
| date this document was signed.   |                     |
| Effective date if applicable: in mediately   |                     |
| (no more than 90 days after amendment file date)   | <del></del>         |
| Adoption of Amendment(s) (CHECK ONE)   |                     |
| 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 December 16, 2014  |                     |
| Signature Mar Deren North Stone  |                     |
| (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) |                     |
| Mae-Jean Nothstine   |                     |
| (Typed or printed name of person signing)  |                     |
| Treasurer  |                     |
| (Title of person signing)  |                     |