709404

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Garden Club of St A	ngustine Incorporated	i	•
	709404			
DOCUMENT NUMBER:		· ·		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Ar	nendment and fee are sub-	mitted for filing.		
Please return all correspond	lence concerning this matte	er to the following:		
Trudi Edenfield				
		(Name of Contact Po	erson)	······
		(Firn√ Company	·)	
50 Wandering Woods Way				
		(Address)		
Ponte Vedra, FL 32081				
		(City/ State and Zip (Code)	
tripoliete@gmail.com				
	E-mail address: (to be used	for future annual rep	ort notification	n)
For further information con	cerning this matter, please	call:		
Trudi Edenfield		at	904	686-9320
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida I	Department of	State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee icate of Status icd Copy tional Copy is esed)
84 '1'		ο.		

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Garden Club of St Augustine Inc.		
Name of Corporation as currently filed with the Florida	Dept. of State)	
709404		· · · · · · · · · · · · · · · · · · ·
(Document Num	ber of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ntion:	
N/A		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES.	\underline{S})	
C. Enter new mailing address, if applicable:	N/A	20 SE TAL
(Mailing address MAY BE A POST OFFICE BOX)		
		APR
		22 22
D. If amending the registered agent and/or registered of	ffice address in Florida	enter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent: N/A		7
	a ^r	lornda street address)
New Registered Office Address:	,,	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accep	t the obligations of the position.
_ 	Signature of New Regis	tered 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 = Chi 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. Ther 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	Barbara Novack	800 Crestwood Dr St Augustine FL
x Remove			32086-3246
2) Change Add	<u>S</u>	Beverly Stuart	249 Kingston Dr St Augustine FL
Remove 3) Remove Add X Remove	AT	Marla Ward	32084-1380 2221 Commodores Club Blvd St Augustine FL 32080-9162
4) Change Add	AT	Anne Merwin	120 La Quinta Place St Augustine FL
Remove 5) Change Add Remove			32084-4319
6) Change Add			
Remove			
(attach additional she	ets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A			
1 - 			

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The date of each amendment date this document was signed	(s) adoption: Marc	ch 11, 2 0 20			, if other than
and this document was signed	•				
Effective date <u>if applicable</u> :	March 11, 2020	م ا مم ا	, ,		
	(no moi	re than 90 days aft	er amendment fi	te date)	
Note: If the date inserted in the document's effective date on the	nis block does not m he Department of St	eet the applicable tate's records.	statutory filing r	equirements. this da	ite will not be listed as the

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.					
April 19, 2020 Dated					
Signature Thuli Fanlield					
(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)					
TRUDI EDENFIELD					
(Typed or printed name of person signing)					
TREASURER					
(Title of person signing)					