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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Jacksonville Sister C ON:	Cities Association, I	ne.		
	728474				
DOCUMENT NUMBER:			 		
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Cynthia S. Robinson					
		(Name of Contact	Person)	<u>, </u>	
Jacksonville Sister Cities A	ssociation, Inc.				
		(Firm/ Compa	ny)		
8411 Rockland Drive					
		(Address)			
Jacksonville, Florida, 3220	5				
		(City/ State and Zip	Code)		
jscapresident@gmail.com					
E	E-mail address: (to be used	for future annual r	eport notific	ration)	
For further information con-	cerning this matter, please	call:			
Cynthia S Robinson		;	904 it	894-2059	
	(Name of Contact Person		(Arca Co	de) (Daytime Te	lephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida	a Departmer	nt of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	r is C	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy is inclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment Articles of Incorporation

		of		
Jacksonville Sister Cities Association, Inc.			23 1/07	17 84 9. 39
Name of Corporation as currently filed with the F	lorida D	ept. of State)		
728474			11:	
(Documen	nt Numbe	er of Corporation (if kno	own)	4.
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statute	s, this <i>Florida Not For</i>	Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the c	<u>orporati</u>	on:		
				The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporat	ion" or "incorporated"	or the abbrevio	ttion "Corp." or "Inc."
D. Enter new principal office address if applicable	۸.	8411 Rockland Drive		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ASTREET ASTREET ADDRESS ASTREET ASTREE		Jacksonville, Florida,	32221	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)	PO Box 43512		
	_	Jacksonville, Florida,	32203	
D. If amending the registered agent and/or registe			enter the name	of the
new registered agent and/or the new registered	office a	<u>ddress:</u>		
Name of New Registered Agent: Cynthia		Robinson		
	411 Rocl	kland Drive		
-		(Flo	rida street address)	
New Registered Office Address:				
	acksonvi	lle 	, F	32221 Flori da
		(City)		(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.

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	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Cynthia S Robinson	8411 Rockland Drive Jacksonville, Florida, 32221
Remove 2) Change Add	<u>P</u>	Kashiefa Peters-Oliver	1944 Layton Road Jacksonville, Florida, 32211
X Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove E. If amending or adding	e additional Arti	cles, enter change(s) here:	
(attach additional shee	ts, if necessary).	(Be specific)	

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The date of each amendment date this document was signed.	(s) adoption: November 15, 2	2023		, if other than the
President day to a 11 11	November 15, 2023			
Effective date <u>if applicable</u> :	(no more than 90 c	lavs after amendment file	date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the app	licable statutory filing req		e listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members a proval.	nd the number of votes ca	st for the amendment(s)	

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 15, 2023 Signature Molinian
(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)
Cynthia S Robinson
(Typed or printed name of person signing)
President
(Title of person signing)