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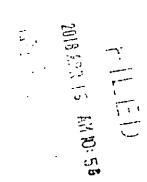
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	GAINESVILLE BAL	LET THEATER, IN	NC.	
	730416			
DOCUMENT NUMBER: _				
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Idil Burat				
	(Name of Contact Pe	erson)	
		(Firm/ Company	y)	
1501 NW 16th Ave				
		(Address)		- · · · ·
Gainesville, FL 32605				
	(City/ State and Zip	Code)	
idilix@yahoo.com				
<u> </u>	-mail address: (to be used t	for future annual rep	ort notification)
For further information conc	erning this matter, please c	all:		
Idil Burat		at	352	2192030
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida l	Department of S	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & ☐ Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	D Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A		St	reet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GAINIFSVILLE BALLET THEATER INC.

GAINESVILLE DALLET THEATER, INC.		
(Name of Corporation as curre	ently filed with the Floric	la Dept. of State)
730416		
(Document Num	nber of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
GAINESVILLE BALLET THEATRE, INC.		The new
name must be distinguishable and contain the word "corpor" Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	ration" or "incorporated"	or the abbreviation "Corp," or "Inc."
(Principal office address MUST BE A STREET ADDRES	<u>S</u>)	
		13
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, a	enter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Flo	rida street 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 accept t	the obligations of the position.
	Signature of New Registe	ered 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			<u></u>
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

. If amending or adding additional sheets, if necessity	ssary). (Be spe	cific)					
N/A							
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The date of each amendment(s) ad-	option:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment.	tt(s)
☐ There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/wers.	e
April 6, 201	8	
Signature Oct	elburat	
have not bee	nan or vice chairman of the board, president or other officer-if directon selected, by an incorporator – if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)	
Idil Burat		
	(Typed or printed name of person signing)	_
President		
	(Title of person signing)	_