736714

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ymphony, Inc.			
736714 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	.			
Please return all correspondence concerning th	is matter to the following	ng:		
Christine Kasten				
	(Name of Conta	ct Person)		
The Venice Symphony, Inc.				
	(Firm/ Com	ipany)		
700 U.S. Highway 41 Bypass, North, Suite 4				
	(Addres	ss)		
Venice, Florida 34285				
	(City/ State and	Zip Code)		
ckasten@thevenicesymphony.org				
E-mail address: (to	be used for future annua	l report noti	fication)
For further information concerning this matter.	please call:			
Christine Kasten		941 at		207-8822
(Name of Contact	Person)	(Area (Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Flor	rida Departm	ent of	State:
■ \$35 Filing Fee □ \$43.75 Filing F Certificate of \$		y	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Add Amendment Division of The Centr	nt Secti f Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Venice Symphony, Inc.

(Name of Corporation as currently filed with the Florida I	Dept. of State)	
736714	· <u>-</u>	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation	on adopts the following
A. If amending name, enter the new name of the corporat	ion:	
NA		The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviat	
B. Enter new principal office address, if applicable:	700 U.S. Highway 41 Bypass, North, St	iite 4
(Principal office address MUST BE A STREET ADDRESS	Venice, Florida 34285	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	700 U.S. Highway 41 Bypass, North, Sc	uite 4
	Venice, Florida 34285	
D. If amending the registered agent and/or registered office		TALL 202
new registered agent and/or the new registered office a	ddress:	2022 JUL Tallaili
Name of New Registered Agent: NA		SS 5
New Registered Office Address:	(Florida street address)	PH 2::
		orida <u>Éż</u> 3 Zip Cođ e)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		the position.
	unature of New Registered Agent if chan	aina

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 Do Mike Jo Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add	<u>C</u>	_	David Jovner	PO Box 1561 Venice, FL 34284
× Remove				
2) Change Add	C	_	Andy Leisenring	PO Box 1561 Venice, FL 34284
Remove 3) Remove Add Remove	<u>V</u>	_	Bob Hite	PO Box 1561 Venice, FL 34284
4) Change Add	V	_	Paul McCullough	PO Box 1561 Venice, FL 34284
Remove 5) Change Add	<u>S</u>	_	Maureen Bentley	PO Box 1561
X Remove 6) Change X Add	<u>S</u>	_	Penny Corell	PO Box 1561
E. If amending or additional she			cles, enter change(s) here: (Be specific)	
<u>NA</u>		 .		

	
P.C. 2	Π
All ASSERT	П
PH 2: 39	
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NA	
The date of each amendment(s) adoption: NA, if other that date this document was signed	an the
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	1e
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 mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	June 24, 2022
Signature	
	(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)
	Christine Kasten
	(Typed or printed name of person signing)
	President and CEO
	(Title of person signing) TALLAHASSEE, FLORIDA