1414W

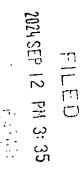
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE SEP 17 2024

Office Use Only



500436194805

09/12/24--01024--008 ++35.00



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Ft. 32314

NAME OF CORPORATION:	nt Bar Assocation, In	ic.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Ryan W. Orbe			
	(Name of Contact	Person)	
Florida Government Bar Assocation, Inc.			
	(Firm/ Compa	my)	
P.O. BOX 10474			
	(Address)		
TALLAHASSEE, FL 32302			
	(City/ State and Zi	ip Code)	
President@flagovbar.org			
E-mail address: (to be use	ed for future annual	report notificatio	n)
For further information concerning this matter, pleas	se call:		
Allan Charles		850 at	222-5702
(Name of Contact Perso	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florid	la Department of	State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	-	Certit y is Certit (Addi	0 Filing Fee licate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	1	Street Address Amendment Sect Division of Corp The Centre of 1	orations

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of



Name of Corporation as currently filed with the Flo	rida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
(Document)	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida 5 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the followin
A. If amending name, enter the new name of the cor	poration:	
		The nev
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	0.000	
Principal office address <u>MUST BE A STREET ADDE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX	·)	
	·	
	·-·	
		·
D. If amending the registered agent and/or registere		enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Fle	orida street address)
New Registered Office Address.		
	City)	, Florida (Zip Code)
	(C tỷ)	(zaj Code)
New Registered Agent's Signature, if changing Regis		de aktionione of the position
I hereby accept the appointment as registered agent. I	ат јатинаг мин апа ассери	те овиданонь ој те ромнон.
	Signature of New Registe	red 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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	·
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>*</u> Change Add	<u>D</u>	Brittany Griffith	P.O. Box 10474 Tallahssee, FL 32302
Remove			
2) × Change Add	<u>P</u>	Allan Charles	P.O. Box 10474 Tallahssee, FL 32302
Remove	V	Lee Damessous	P.O. Box 10474 Tallahssee, FL 32302
4) <u>* Change</u> Add	<u>T</u>	Ryan Orbe	P.O. Box 10474 Tallahssee, FL 32302
Remove			
5) Change Add	<u>T</u>	Elizabeth Stinson	P.O. Box 10474 Tallahssee, FL 32302
* Remove			
6) Change Add	<u>D</u>	Megan Silver	P.O. Box 10474 Tallahssee, Ft. 32302
× Remove			
	ng additional Art ets. if necessary).	i <u>cles, enter change(s) here</u> : (Be specific)	
			

CONTINUED

Section: D

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:

7.	Change X Add Remove	<u>\$</u>	Cheryl Tomlinson,	P.O. Box 10474 Tallahassee, FL 32302
8.	Change Add <u>X</u> Remove	<u>D</u>	Kelly Ann Kennedy	P.O. Box 10474 Tallahassee, FL 32302
9.	Change Add <u>X</u> Remove	D	Matt Jones	P.O. Box 10474 Tallahassee, FL 32302

		 			
	-				
				· · ·	
			·		
					
				_	
				· <u>-</u>	
<u> </u>					
					- .
	6/36/3034				
The date of each amendment(s) adopti date this document was signed.	on: 6/20/2024				_, if other than the
Effective date <u>if applicable</u> :	tro more than 00 J	any offer amounts			
					ha liotad no tha
<u>Note:</u> If the date inserted in this block d document's effective date on the Departi	nent of State's record	icaoie siaunory fiffi Is.	ng requirements, th	is date will not	og fisica 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.

Dated	8/30/2024
Signature	Rynn Gale
ha	y the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	Ryan W. Orbe
	(Typed or printed name of person signing)

(Title of person signing)