769841

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Loggerhead	Marinelife Center, Inc.	•	
769841 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Caitlin Farmer			
	(Name of Contact Pe	rson)	
Loggerhead Marinelife Center, Inc.			
,,	(Firm/ Company)	
14200 US Highway One			
	(Address)		
Juno Beach, FL 33408			
·	(City/ State and Zip C	Code)	
cfarmer@marinelife.org			
E-mail address: (to	be used for future annual rep	ort notificatio	n)
For further information concerning this matter	, please call:		
Caitlin Farmer	at.		627-8280 X111
(Name of Contact	Person) at	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing 1 Certificate of 5		Certit Certit	0 Filing Fee Icate of Status Ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	eet Address lendment Sect rision of Corp c Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Loggerhead Marinelife Center, Inc.

(Name of Corporation as currently filed with the Fl	orida Dept. of State)		·
769841			
(Document	t Number of Corporat	on (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida</i>	Not For Profit Corporation :	adopts the following
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	vorporation" or "inco	rporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable	:		<u> </u>
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)		1720 NIS
			
			<u>~</u>
C. Enter new mailing address, if applicable:			331 AM 8: 5
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)		
			. 50
D. If amending the registered agent and/or register		Florida, enter the name of th	<u>e</u>
new registered agent and/or the new registered	office address:		
. Name of New Registered Agent:	<u> </u>		
		(Florida street address)	
New Registered Office Address:			
		, Florid	a
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		I accept the obligations of the	position.
	Signature of New	v Registered Agent, if changin	g

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 De V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	CEO	Jack Lighton	
X Remove			
2) <u>×</u> Change Add	CEO	Tim Hannon	
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional shee	ig additional Arti	cles, enter change(s) here: (Be specific)	
	· ·		.

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The date of each amendment(s) adoption: date this document was signed.	08/15/2020	, if other than the
Effective date <u>if applicable</u> : 07/01/2020	o more than 90 days after amendment file date)	
•	not meet the applicable statutory filing requirements, this date wil	I not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Signature (By the chairman or vice chairman of the board, president or other officer-if director	Darut	08/15/2020
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Lynne Wells (Typed or printed name of person signing)	Dated	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary) Lynne Wells (Typed or printed name of person signing)	Signatu	re Parkett
(Typed or printed name of person signing)		have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
Chairman of the Board		Lynne Wells
Chairman of the Board		
(Title of person signing)		(Typed or printed name of person signing)