771248

(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	EVERGLADES POS ON:			
DOCUMENT NUMBER:	771248			
The enclosed Articles of Am				
Please return all corresponde	ence concerning this matte	er to the following:		
ANTHONY WHITE				
-		(Name of Contact Per	rson)	
EVERGLADES POST 20 II	NC .			
		(Firm/ Company))	
101 SE AVE D				
		(Address)		
BELLE GLADE, FL 33430				
		(City/ State and Zip C	(ode)	
whitestv@aol.com				
E	-mail address; (to be used	For future annual repo	ort notification	1)
For further information conc	erning this matter, please	call:		
ANTHONY WHITE		ut _	561	261-1117
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida D	epartment of	State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	icate of Status led Copy Jonal Copy is
P.O. Box 6	nt Section f Corporations 5327	Am Div The	eet Address endment Secti ision of Corpo e Centre of T	orations allahassee
Tallahasse	e, FL 32314	241	N. Monroe	Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as currently filed with the 771248		
(Docur	nent Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	T/
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new " or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
		2020
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
	_	PH 12:
		1.9
D. If amending the registered agent and/or reginew registered agent and/or the new register		enter the name of the
Name of New Registered Agent:	ANTHONY WHITE	
panie of Men Registerea Agent.	101 SE AVENUE D	
<u>New Registered Office Address:</u>		orida street address)
	BELLE GLADE	, Florida 33430
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with and accept	the obligations of the position.
	Chille Li	Hick
	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 D V Mike John S SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	СОММ:	JAMES MILLS	9 LAKESIDE CIRCLE PAHOKEE, FL 33476
x Remove			- -
2) Change Add	<u>VP</u>	NORMAN NICKS	316 SE AVE G BELLE GLADE, FL 33430
X Remove	<u>VP</u>	RALPH MARATTA	518 E ESPERANZA CLEWISTON , FL 33440
4) Change Add	FIN	EDDIE BOSWELL	1741 SE AVENUE K PL BELLE GLADE, FL 33430
Remove			
5) Change × Add	VP	GARY SANDERS	2261 BACOM POINT RD PAHOKEE, FL 33476
Remove			
6) <u>×</u> Change Add	<u>COMM</u> ₂	ANTHONY WHITE	226 SE 6TH ST N BELLE GLADE, FL 33430
Remove			
E. If amending or additional she		icles, enter change(s) here: (Be specific)	<u>,</u>

The date of each amendment(s) adoption: \(\frac{\sqrt{20}}{2020}\) \(•		
Effective date if applicable:			
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Effective date if applicable:	The date of each amendment(s) adoptions	6/20/2020	if other than the
Effective date if applicable:	date this document was signed.	· · · · · · · · · · · · · · · · · · ·	odier dian die
Effective date if applicable:	6/20/2020		
(no more than 90 days after amendment file date)	Effective date if applicable:		
	()	to more than 90 days after amendment file date)	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.

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.

	6/20/2020
Dated	
Signatu	c Chithan White
	(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)
	other court appointed noderary by that moderary
	ANTHONY WHITE
	ANTHONY WHITE
	(Typed or printed name of person signing)