# N00000006437

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C.COULLIETTE

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**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Friends of Guana Tolomato Matanzas National Estuarine Name of Limited Liability Company Research Reserve, Inc
The enclosed Articles of Amendment and fee(s) are submitted for fiting.
Please return all correspondence concerning this matter to the following:
and the second of the second o
Teri Webley Name of Person
Name of Person
Friends of the GTM Reserve
450 Guana River Roll Address
Ponte Vedra Beach, Fl 32082 City/State and Zip Code
E-mail address: (to be used for future annual report notification).
For further information concerning this matter, please call:
Teri Webley at (904) 823 - 4527  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2011

TERI WEBLEY FRIENDS OF GUANA TOLOMATO MATANZAS 450 GUANA RIVER RD PONTE VEDRA BEACH, FL 32082

SUBJECT: FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL

ESTUARINE RESEARCH RESERVE, INC.

Ref. Number: N00000006437

We have received your document for FRIENDS OF GUANA TOLOMATO MATANZAS NATIONAL ESTUARINE RESEARCH RESERVE, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have used the appliciation for a limited liability company, you are a florida non profit corporation so therefore you need to complete the proper application which is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 111A00024704

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### **COVER LETTER**

TO:	Amendment Section	
	Division of Corporations	

2
NAME OF CORPORATION: Friends of the Guana Tolomato Matanzas Natio
DOCUMENT NUMBER: NO00006437
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Teri Webley (Name of Contact Person)
Friends of the Guana Tolomato Matanzas National Estuarine (Firm/Company) Research Reserve 450 Guana River Rd (Address)
Ponte Vedra Beach, Fl 32082 (City/State and Zip Code)
GTM_Friends@gtmnerr-org E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teri Webley at (904) 823-4527 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
# 1645 \$ 10 enclosed  # 1651 \$ 10 enclosed
Mailing Address Street Address

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Friends of Guana To prato Mantanzas National Estuarine Reserve, Inc.	æn
(Name of Corporation as cutrently med with the Florida Bept. of State)	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
(City), Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of these	
position.	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Signature of New Registered Agent, if changing  Page 1 of 4	! *** ***
Page 1 of 4	and f

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name	Address
1) PD	Christine Rich	1109 S Marsh Way pante Vedra Beach, Fl 32082
√2) <u>√</u> 2	Jim Wolverton	Civing Ston, Wolverton, Sward PA 20 Airport Rd Palm Coast, Fl. 32164
√ 3 <u>50</u>	Rob Matthews	304 16th st St Augustine, Fl 32084
/ 4) <u>TD</u>	David Ray	936 W Tennesseetr Jacksonville, F132259
√ <sub>5)</sub> <u></u>	Jonathan Katzer	140 Mill Cove Ln Ponte vedra Beach, F132082
6)	<del></del>	
If REMOVING an or	officer and/or director, please list t	he title(s) and name of the officer/director to be
Title(s)	Name <u>Ti</u>	ile(s) <u>Name</u>
1)TD	Nancy Schachnarsky 4)	
2) 🗘	Nancy Schachnausky 4). Peter Difatta 5).	<del></del>
3)	6)_	

Amen of others	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
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The date of each amendment(s) adoption:				
Effective date if applicable:	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.			
DatedSignature	Obriotion Rich			
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	CHRISTINE RICH (Typed or printed name of person signing)			
	PRESIDENT (Title of person signing)			