## N0000007569

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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Consideration to Filtre Officer
Special Instructions to Filling Officer:

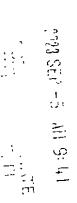
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Friends of Betty J. Johnson North Sainsota Public Library, DOCUMENT NUMBER: N00000007569 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FeIENDS of Betty J. Johnson North Sarasota Public Library
(Firm/Company) lewtown Blvd Cellololoma20gmal.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

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## Articles of Amendment to Articles of Incorporation of

Freiends of Betty J. Johnson	on North Sarv	sota Public Library	
(Name of Corporation as currently filed with the Florid	da Dept. of State)	~	
N00000007569	umber of Corporation (if kno		
(Document Nu	umber of Corporation (if kno	own)	
Pursuant to the provisions of section 617.1006, Florida Statement (s) to its Articles of Incorporation:	itutes, this Florida Not For	Profit Corporation adopts the following	
A. If amending name, enter the new name of the corpo	ration:		
		The new	
name must be distinguishable and contain the word "corportion or "Co." may not be used in the name.	oration" or "incorporated"		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	:ss)		
		+	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered of		enter the name of the	
new registered agent and/or the new registered office	ce address:	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Name of New Registered Agent:	N/A		
	,	 	
- N Po - 1 - 1 - 0 - 1 - 1 - 1	(Florida street address)		
New Registered Office Address:	N/A	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: 1 familiar with and accept th Lux BM/L	ne obligations of the position.	
	Signature of New Register	ed Agent, if changing	

LBW

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change Add	CPD	Celestine Campbell	2801 NewTown Blvd Sarasola, Fl 3423#
Remove  2) Kemove  Change Add	TD	James Crumel	2801 Newtoux Blvd. Sarasuta, Fl 34234
Remove  3)  Remove  Add  Remove	CPD	Lois B. Wilkins	Sarasota, FD 34234
4) Change Add	TD	Francina Hollaway	2801 Naistown, Blud Sarasota Fl 34234
Remove  5) Change Add	<u>VD</u>	Paul Ruffin	2801 Nectroux Blvd Sarasota FT 34234
Remove 6) Change Add	SD	Martina Garris	2801 NewTown Blue Sarasofa FT 34234
E. If amending or ac (attach additional s	lding additional A sheets, if necessary	articles, enter change(s) here:  (Be specific)	

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The date of each amendment(s) ad	loption:	, if other than t
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	, it other than t
and the southern was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	(no more man 20 days after amenament fite date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the a	mendment(s)

IBW

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated August 11, 2023 Signature An B. William
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)
Lois B. Wilkins
(Typed or printed name of person signing)
Chair / President Director (Title opperson signing)
(Title of person signing)

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