

N00078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

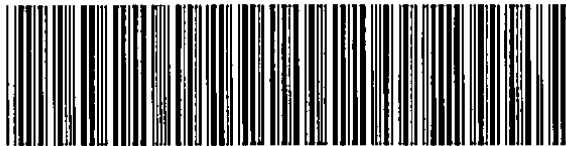
(Business Entity Name)

(Document Number)

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2020 NOV 12 AM 9:21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2020

DR. BILL DELP/TEAMUP VOLUNTEER & PARTNERSHIP COUNCIL, I  
C/O OFFICE OF COMMUNITY INVOLVEMENT  
1960 LANDINGS BLVD.  
SARASOTA, FL 34228

SUBJECT: TEAMUP VOLUNTEER & PARTNERSHIP COUNCIL, INC.  
Ref. Number: N00078

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

TO MAKE CHANGES, INCLUDING OFFICER/DIRECTOR CHANGES, PLEASE USE THE NOT FOR PROFIT ARTICLES OF AMENDMENT. ALSO NOTE THAT BOARD MEMBER IS NOT AN ACCEPTABLE TITLE. PLEASE RESUBMIT THE ATTACHED DOCUMENT ACCORDINGLY.

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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 320A00016687

11-03-20  
per Ms. Talbott  
this deadline  
does not apply  
to our changes

COVER LETTER

); Amendment Section  
Division of Corporations

NAME OF CORPORATION: TeamUP Volunteer Partnership Council, Inc.

DOCUMENT NUMBER: N00078

enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. William Delp

(Name of Contact Person)

TeamUP Volunteer Partnership Council, Inc  
(Firm/ Company)

10 Office of Community Involvement, 1960 Landings Blvd.  
(Address)

Sarasota, FL 34231

(City/ State and Zip Code)

teamupvp council@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Bill Delp

(Name of Contact Person)

at 847.975.6894

(Area Code) (Daytime Telephone Number)

The enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

Mailing Address

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

check is already on file with your office

Articles of Amendment  
to  
Articles of Incorporation  
of

TeamUP Volunteer & Partnership Council, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N00078

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

2020 NOV 12 AM 9:12

If amending name, enter the new name of the corporation:

NA

The new  
Corp. name

The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp;" or "Company" or "Co." may not be used in the name.

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

c/o Office of Community Involvement  
1960 Landings Blvd.  
Sarasota, FL 34231

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Office of Community Involvement  
1960 Landings Blvd.  
Sarasota, FL 34231

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:

Dr. William Delp

New Registered Office Address:

c/o Office of Community Involvement  
1960 Landings Blvd.  
Sarasota

(City)

Florida 34231  
(Zip Code)

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 the position.

William Delp

Signature of New Registered Agent, if changing

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (check One)	Title	Name	Address
<input type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>Lyndsey Canters</u>	<u>3433 Prudence Drive</u> <u>Sarasota, FL 34235</u>
<input checked="" type="checkbox"/> Remove			
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>T</u>	<u>Dr. William Delp</u>	<u>6360 Watercrest Way Unit 403</u> <u>Lakewood Ranch, FL 34202</u>
<input type="checkbox"/> Remove <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Susan Padfield</u>	<u>5112 Flicker Field Circle</u> <u>Sarasota, FL 34231</u>
<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Dr. Tanice Knopp</u>	<u>PO Box 8006</u> <u>Longboat Key, FL 34228</u>
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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

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 10-23-20

Signature William Delp  
(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)

Dr. William Delp  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)