

And  
JUL 28 2015  
R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2015

ANGIE LEWIS CHAIRMAN  
PO BOX 1571  
OCALA, FL 34478

SUBJECT: MARION CULTURAL ALLIANCE, INC.  
Ref. Number: N01000000918

We have received your document for MARION CULTURAL ALLIANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ On pg. 1, please print the name of the corporation in the provide space at the top.
- ✓ On pg. 4, an officer/director must sign accepting the adoption of amendment.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 615A00015027

RECEIVED  
15 JUL 27 PM 2:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

Amendment Section  
Division of Corporations

NAME OF CORPORATION: Marion Cultural Alliance

DOCUMENT NUMBER: N01000000918

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

Please return all correspondence concerning this matter to the following:

Angie Lewis, Chairman

(Name of Contact Person)

Marion Cultural Alliance

(Firm/ Company)

P.O. Box 1571

(Address)

Ocala, FL 34478

(City/ State and Zip Code)

admin@mcaocala.com

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

For further information concerning this matter, please call:

Rebecca Sutphin

352

369-1500

at

(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**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  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Marion Cultural Alliance, Inc.

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

N01000000918

(Document Number of Corporation (if known))

FILED  
15 JUL 27 AM 7:52

TALLAHASSEE, FLORIDA

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:

**A. If amending name, enter the new name of the corporation:**

N/A

*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)

N/A

**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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(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 the position.*

\_\_\_\_\_  
Signature of New Registered 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:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>C</u>	<u>Paula King</u>	<u>1238 SE 5th St</u>
<input type="checkbox"/> Add			<u>Ocala, FL 34471</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>C</u>	<u>Angie Lewis</u>	<u>416 SE Ft King St</u>
<input checked="" type="checkbox"/> Add			<u>Ocala, FL 34471</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>CElect</u>	<u>Rus Adams</u>	<u>2265 SE Mill Creek Cir</u>
<input type="checkbox"/> Add			<u>Ocala, FL 34471</u>
<input checked="" type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>CElect</u>	<u>Tammy Griffen-Vincent</u>	<u>2231 SE 59th St</u>
<input type="checkbox"/> Add			<u>Ocala, FL 34471</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S</u>	<u>Vanessa Lane Jennings</u>	<u>1136 SE 36th Ave</u>
<input checked="" type="checkbox"/> Add			<u>Ocala, FL 34471</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A

February 25, 2015

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

February 25, 2015

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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

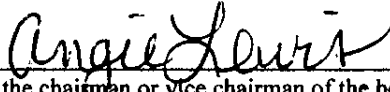
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

July 24, 2015

Dated \_\_\_\_\_

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)

Angie Lewis

\_\_\_\_\_  
(Typed or printed name of person signing)

Chairman of the Board

\_\_\_\_\_  
(Title of person signing)