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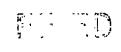
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Friends of Jacobs Aq  N:	utic Center, Inc.		
DOCUMENT NUMBER:	N02000000153			
The enclosed Articles of Am		nitted for filing.		
Please return all corresponde	nce concerning this matte	r to the following:		
Patricia Gessel				
		(Name of Contact Perso	on)	
		(Firm/ Company)		
99530 Overseas Hwy, #2				
		(Address)		
Key Largo, FL 33037				
		(City/ State and Zip Coo	ie)	
pgessel@aol.com				
Е	-mail address: (to be used	for future annual report	notification	)
For further information cone	erning this matter, please	call:		
Patricia S. Gessel		30 at	)5-453-5277	·
	(Name of Contact Person)	) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pay	yable to the Florida Dep	artment of S	State:
₩ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	<u>d</u> dres <u>s</u>	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Friends of Jacobs Aqutic Center, Inc

2019 AUG 12 AM 9: 39

(Name of Corporation as of	currently filed with the	Florida Dept. of State)
N02000000153		
(Document	Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida No</i>	ot For Profit Corporation adopts the followin
A. If amending name, enter the new name of the cor	rporation:	
Friends of Jacobs Aquatic Cer	nter, Inc.	The nev
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpo	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent:		rida, enter the name of the
Name of New Registered Agent.	·	
New Registered Office Address:		(Florula stre <b>et addr</b> ess)
		. Florida
<del></del>	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.		rcept the obligations of the position.
	Signature of New R	egistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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	<u>V</u> <u>Mi</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Firm, Todd	500 St. Croix Place
Add			Key Largo, FL 33037
X Remove			
2) Change	D	Ellison Jr. Paul Stribling	500 St. Croix Place
X Add			Key Largo, Fl. 33037
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change (attach additional sheets, if necessary). (Be specific)	asi nere.	
vantaen taantaman success, y necessary, (ne specific)		
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of votes cast for the amoval.	endment(s)
There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) ctors.	was/were
Dated	DIRECTOR	
have not	airman or vice chairman of the board, president or other officer-ibeen selected, by an incorporator – if in the hands of a receiver, that appointed fiduciary by that fiduciary)	
<u>7</u>	ATRICIA GESSEL (Typed or printed name of person signing)	
 	DIRECTOR (Title of person signing)	