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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

. .

NAME OF CORPORATION: Families for Cape C	Coral's Future PAC. In	e	
N05000001100 DOCUMENT NUMBER:			<u>.</u>
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Julio Barina			
	(Name of Contact Po	erson)	
Markham, Norton, Mosteller, Wright & Company, I	<sup>9</sup> .A.		
	(Firm/ Company	<i>(</i> )	
8961 Conference Drive, Suite I			
	(Address)		<u>-</u>
Fort Myers, FL 33919			
	(City/ State and Zip	Code)	•
julio.barina@markham-norton.com			
E-mail address: (to be use	ed for future annual rep	ort notificatio	n)
For further information concerning this matter, pleas	e call:		
Julio Barina	at	239	433-5554
(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address nendment Sect vision of Corpo te Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FAMILIES FOR CAPE CORAL'S FUTURE PAC, INC.

(Name of Corporation as currently filed with the N05000001100	Florida Dep	t. of State)		
(Docume	ent Number o	of Corporation (if known)	<del>_</del>	<u> </u>
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, t	his <i>Florida Not For Profit Co</i>	orporation adopts the	following
A. If amending name, enter the new name of the	corporation	<u>.</u>		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation	" or "incorporated" or the al	obreviation "Corp."	_The new or "Inc."
B. Enter new principal office address, if applicab	Die:	24 SE 47TH ST, UNIT 5		
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS	APE CORAL, FL 33904		
	_			2024.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X</u> ) 81	24 SE 47TH ST, UNIT 5		1024 JU! 3
	C/	APE CORAL, FL 33904		$\frac{\omega}{}$
	_			
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office a ed office addr	ddress in Florida, enter the	name of the	: 03
Name of New Registered Agent:	JULIO BARI	NA	<i>C</i> .	
	8961 CONFE	ERENCE DR. SUITE 1		
New Registered Office Address:		(Florida street ac	idress)	
_	FORT MYER	RS	, Florida	
	(	City)	(Zip Code)	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.			ions of the position.	
_	Gigna	ture of New Registered Agent,	if changing	

ľ

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	PT         John D           V         Mike Je           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>T</u>	YVONNE C WERLINE	1222 SE 47TH ST STE 305 CAPE CORAL, FL 33904
<ul> <li>X Remove</li> <li>2) Change</li> <li>Add</li> </ul>	<u>T</u>	JULIO BARINA	8961 CONFERENCE DR, STE 1 FORT MYERS, FL 33919
Remove  3 ) Change     Add     x Remove	<u>C</u>	EDWARD RAMOS	1223 SE 47TH TER CAPE CORAL, FL 33904
4) Change Add	<u>C</u>	KEITH QUACKENBUSH	824 SE 47TH ST, UNIT 5 CAPE CORAL, FL 33904
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
	<del></del>		

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The date of each amendment	t(s) adoption	ı:		_		, if other than the
date this document was signed	l. <b>.</b>					
Effective date if applicable:	JUNE 25, 2	024				
Effective date if applicable.		no more than 90 days	e after ame	andment file dates	<del></del>	
Note: If the date inserted in the document's effective date on the	is block does	s not meet the applica	•	·		ill not be listed as the
Adoption of Amendment(s)		( <u>CHECK ONE</u> )				
The amendment(s) was/w was/were sufficient for ap	vere adopted oproval,	by the members and t	he number	of votes cast for	the amendment(s	s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

ted	JUNE 25, 2024
natur	(By the 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)
	KEITH QUACKENBUSH
	KEITH QUACKENBUSH  (Typed or printed name of person signing)

(Title of person signing)