

NO50000007302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

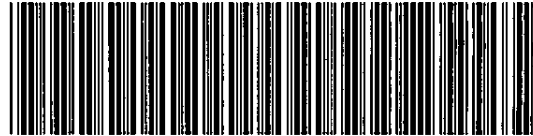
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C.H.  
8-28-14

COVER LETTER

TO: Amendment Section  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: Sister Season Fund Inc

DOCUMENT NUMBER: N05000007302

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

Please return all correspondence concerning this matter to the following:

Kevin Leander

(Name of Contact Person)

Sister Season Fund Inc

(Firm/ Company)

1423 Johnson St

(Address)

Key West FL 33040

(City/ State and Zip Code)

Kevron25@aol.com

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

For further information concerning this matter, please call:

Kevin C Leander

(Name of Contact Person)

at ( 305 ) 299-7669

(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

FILED  
14 AUG 25 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sister Season Fund Inc

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

N05000007302

(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:

**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)

1423 Johnson St

Key West, FL 33040

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1423 Johnson St

Key West FL 33040

**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:

Kevin C Leander

1423 Johnson St

(Florida street address)

New Registered Office Address:

Key West

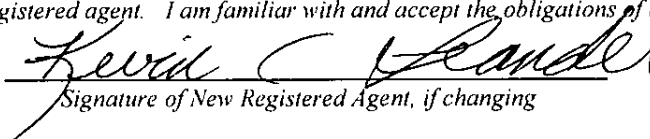
, Florida 33040

(City)

(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><br>(Check One)   | <u>Title</u> | <u>Name</u>            | <u>Address</u>  |
|--|--------------|------------------------|---|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>P</u>     | <u>Brad Buskholtz</u>  | <u>801 Duval St</u><br><u>Key West FL 33040</u>         |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>SEC</u>   | <u>Julie Hanson</u>    | <u>402 Angela St</u><br><u>Key West FL 33040</u>        |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>VP</u>    | <u>Larry Blackburn</u> | <u>507B South St</u><br><u>Key West FL 33040</u>        |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>T</u>     | <u>James t Thaller</u> | <u>313 Truman Ave</u><br><u>Key West FL 33040</u>       |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>P</u>     | <u>Dave Taylor</u>     | <u>1341 MCCarthy Ln#105</u><br><u>Key West FL 33040</u> |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VP</u>    | <u>John Jaworski</u>   | <u>1616 Bertha St #2</u><br><u>Key West FL 33040</u>    |

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(Attach additional sheets, if necessary)

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| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)   | <u>Title</u>      | <u>Name</u>                               | <u>Address</u>  |
|--|-------------------|---|---|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u>          | <u>Kirk Schnabel</u>                      | <u>2213 Staples Ave</u><br><u>Key West FL 33040</u>   |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>T</u>          | <u>Kevin C Leander</u>                    | <u>1423 Johnson St</u><br><u>Key West FL 33040</u>  |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>          </u> | <u>                                  </u> | <u>                                  </u><br><u>                                  </u><br><u>                                  </u> |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>          </u> | <u>                                  </u> | <u>                                  </u><br><u>                                  </u><br><u>                                  </u> |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>          </u> | <u>                                  </u> | <u>                                  </u><br><u>                                  </u><br><u>                                  </u> |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>          </u> | <u>                                  </u> | <u>                                  </u><br><u>                                  </u><br><u>                                  </u> |

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The date of each amendment(s) adoption: August 5, 2014, if other than the date this document was signed.

Effective date if applicable: August 5, 2014  
(no more than 90 days after amendment file date)

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.

Dated August 18, 2014

Signature

Kevin C Leander

(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)

Kevin C Leander

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

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