

N06000004909

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OCT 23 2012
C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Tallahassee Film Festival, Inc.

DOCUMENT NUMBER: N06000004909

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

Please return all correspondence concerning this matter to the following:

Bill Sittig, Registered Agent

(Name of Contact Person)

The Tallahassee Film Festival, Inc.

(Firm/ Company)

1695 METROPOLITAN CIRCLE SUITE 7

(Address)

TALLAHASSEE FL 32308 US

(City/ State and Zip Code)

billsittig@jscpaonline.com

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

For further information concerning this matter, please call:

Bill Sittig, Registered Agent at **850** **386-2639**

(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:

☒ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

The Tallahassee Film Festival, Inc.

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

N06000004909

(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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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

1695 METROPOLITAN CIRCLE SUITE 7

(Florida street address)

New Registered Office Address:

Tallahassee

(City)

Florida 32308-8722

(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.

N/A

Signature of New Registered Agent, if changing

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STATE DEPT. OF STATE

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>P</u>	<u>Chucha Barber</u>	<u>4335 BRADFORDVILLE RD</u>
<input type="checkbox"/> Add			<u>TALLAHASSEE FL 32309</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Gloria Pugh</u>	<u>4951 BLOUNTSTOWN HWY</u>
<input type="checkbox"/> Add			<u>TALLAHASSEE FL 32304</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>Lou Armesto</u>	<u>1133 Blackhawk Way</u>
<input checked="" type="checkbox"/> Add			<u>Tallahassee, FL 32312</u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>VP</u>	<u>Kenneth Jones</u>	<u>P.O. Box 20908</u>
<input checked="" type="checkbox"/> Add			<u>Tallahassee, FL 32316</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>S</u>	<u>Quincie Hamby</u>	<u>1325 Thomasville Road</u>
<input checked="" type="checkbox"/> Add			<u>Tallahassee, FL 32303</u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u>T</u>	<u>Bill Sittig</u>	<u>1695 METROPOLITAN CIRCLE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 7</u>
<input type="checkbox"/> Remove			<u>TALLAHASSEE FL 32308</u>

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

N/A

The date of each amendment(s) adoption: 08/01/2012

Effective date if applicable: _____
(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 10/16/2012
Signature W. P. Sittig
(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)

W. P. Sittig
(Typed or printed name of person signing)
Treasurer
(Title of person signing)

Bill Sittig

From: Lou [louarmesto@comcast.net]
Sent: Friday, September 14, 2012 9:44 AM
To: 'Bill Sittig'
Subject: RE: TFF Division of Corporations
Sorry, just got the other two.

Lou Armesto
1133 Blackhawk Way
Tallahassee, FL 32312
850-363-3665

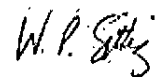
Kenneth Jones
P.O. Box 20908
Tallahassee, FL 32316
850-510-6177.

Quincie Hamby
1325 Thomasville Road
Tallahassee, FL 32303
850-567-8690

Ms. Lou Armesto
Board Chair, Tallahassee Film Festival
TCC Capital Center, #118-C
300 W. Pensacola St.
Tallahassee, FL 32301
Home (850)907-0921, Cell (850)363-3665
www.tallahasseeilmfestival.com
*"The Mission of the Tallahassee Film Festival is to
Nurture All Aspects of Film Culture and
Stimulate Economic Development."*

From: Bill Sittig [mailto:billsittig@jscpaonline.com]
Sent: Thursday, September 13, 2012 4:52 PM
To: 'Lou'
Subject: RE: TFF Division of Corporations

Do you have this information for me?



Bill Sittig

BILL SITTIG CPA, LLC
Certified Public Accountants & Advisors
1695-7 Metropolitan Circle
Tallahassee, Florida 32308
Office: 386-2639 Fax: 386-2637