## NO6 000007535

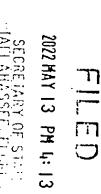
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
JUL 15 2022

Office Use Only



200387603912

1957 137 dan 1871 dan 1964 dan 1864 dan



Division of Corporations Save Our Rural Areas NAME OF CORPORATION: N06000007535 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tim E Gant (Name of Contact Person) Save Our Rural Areas (Firm/ Company) PO Box 275 (Address) Micanopy, Fl. 32667 (City/ State and Zip Code) saveourruralarea@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 316-6829 Tim Gant (Daytime Telephone Number) (Name of Contact Person) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

**Mailing Address** 

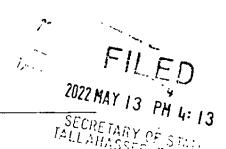
TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

**Amendment Section** Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Save Our Rural Areas

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

No6000007535

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
	<del>.</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x</u> )	
D. If amending the registered agent and/or register		enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Fla	rida street address)
Hew Registered Office Rudress.		
<del></del>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regineral interests accept the appointment as registered agent.		he obligations of the position.
	Signature of New Registe	red 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: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>S</u>	Victoria Dunn	18213 S.W. 1st St Micanopy,Fl. 32667
x Remove			
2) Change Add	<u>s</u>	Nancy Reich	9801 C SW 88th Ter Ocala,Fl. 34481
X Remove 3) Change Add Remove	<u>T</u>	Karen DeConna	13450 NW 198 St Rd Micanopy,Fl. 32667
4) Change Add	<u>T</u>	Sally Chappell	6262 NW 44th Avc Ocala,Fl. 34482
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
	<u> </u>		
	<u> </u>		<del></del>

	•	
		<del></del>
· · · · · · · · · · · · · · · · · · ·		
	A	
The date of each amendment(s) adoption date this document was signed.	:: April 22,2022	, if other than the
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.

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)
	Tim E Gant
	(Typed or printed name of person signing)

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

adopted by the board of directors.