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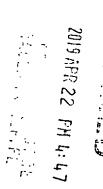
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R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	The Downtown Saraso			
DOCUMENT NUMBER: ,		_		
The enclosed Articles of Am				
Please return all corresponde	ence concerning this matter	to the following:		
Paula Wright				
		Name of Contact Pe	rson)	
The Downtown Sarasota All	liance, Admintrative Mana	дег		
		(Firm/ Company)	
1718 Main Street #304				
		(Address)		
Sarasota FL 34236				
	(City/ State and Zip (lode)	
dsa@dsasarasota.com				
E	-mail address: (to be used	for future annual repo	ort notification)
For further information conc	erning this matter, please c	all:		
Paula Wright		at	941	366-7040
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	rable to the Florida D	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	icate of Status led Copy tional Copy is
Mailing A	ddress	Str	eet 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

Articles of Incorporation



2019 AFR 22 PM 4: 47 (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Nu	mber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of	ffice address in Florida	a, enter the name of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent:		
-		Florida street address)
New Registered Office Address:	r.	Titrida Sirver address)
		. Florida
	(Citv)	, Florida (Zip Code)
	•	• •
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		at the abliqueions of the assistion
i nereny accept the appointment as registered agent. I um	jamiliar wiin ana accep	or the obugutions 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally St	<u>ones</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	T		Victor Scully	
Add				
Remove				
2) X Change	<u>v</u>	_	Brett Henson	
Add				
Remove				
3) Change	<u>S</u>	_	Bernadette Gottschalk	
XAdd				
Remove				
4) (%				
4) Change				
Add Remove				
Kemove				
5) Change		_		
Add				
Remove				
6) Change				
		_	-	
Add				
Remove				

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)				
 	·			·	······································
					
					
	 				
					
*					
					
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		·			·

	February 6, 2019	
	e date of each amendment(s) adoption:	_, if other than th
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not tument's effective date on the Department of State's records.	be listed as the
1 de	option of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	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) Francine DiFillipo Kent (Typed or printed name of person signing)	_
	Chair/ President - DSA (Title of person signing)	