## NO7000000753

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	:	ORT GROUP OF AL	.ACHUA COU 	NTY INC
DOCUMENT NUMBER:	7000000753			
The enclosed Articles of Amen.				
Please return all correspondence	e concerning this mat	ter to the following:		
CYNTHIA LOUIS				
-	<u></u>	(Name of Contact I	'erson)	
MILITARY SUPPORT GROU	P OF ALACHUA CO	DUNTY INC		
<del>-</del>		(Firm/ Compan	ny)	
PO BOX 1926				
	· · · · · · · · · · · · · · · · · · ·	(Address)	·	<del>-</del>
HIGH SPRINGS FL 32655				
		(City/ State and Zip	Code)	
clouis@windstream.net				
E-ma	il address: (to be used	for future annual re	port notificatio	n)
For further information concern	ing this matter, please	call:		
CYNTHIA LOUIS		at	352	278-2932
(Na	me of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the follo	wing amount made p	ayable to the Florida	Department of	State:
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Addr Amendment S			reet Address mendment Sect	ion

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

Articles	of	Incorporation
		of

(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: 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) C. Enter new mailing address, if applicable: (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: (Florida street address) New Registered Office Address: , Florida (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 = ChiExecutive 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. Ther 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 Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change PΤ <u>John Doe</u> X Remove Mike Jones X Add SVSally Smith Type of Action <u>Title</u> Name <u>Address</u> (Check One) 1) \_\_\_\_ Change MARTHA BROWN PO BOX 1001 \_\_\_\_\_ Add HIGH SPRINGS FL 32655 X \_ \_ Remove 2) \_\_\_\_ Change ANDREA JONES PO BOX 373  $^{\mathsf{X}}$  \_ \_ Add ALACHUA FL 32616 \_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove *5)* \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adopt date this document was signed.	ion: APRIL 24, 2020			, if	other than t
Effective date <u>if applicable</u> :					
<u></u>	(no more than 90 day	s after amendment	file date)		-
Note: If the date inserted in this block document's effective date on the Depart	loes not meet the applic.	able statutory filing		date will not be lis	ted as the
Adoption of Amendment(s)	(CHECK ONE)				
		·1			
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and	the number of vote	s east for the ameno	lment(s)	

Dated	APRIL 24, 2020
Signature	<u> </u>
	(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)
	CYNTHIA LOUIS
	(Typed or printed name of person signing)